TITLE 11
LEGISLATIVE RULE
WEST VIRGINIA BOARD OF MEDICINE

SERIES 1B
LICENSURE, PRACTICE REQUIREMENTS, DISCIPLINARY AND COMPLAINT PROCEDURES, CONTINUING EDUCATION, PHYSICIAN ASSISTANTS

§11-1B-1. General.

1.1. Scope. -- This rule relates to physician assistants and to their licensing, practice, complaint procedures and professional discipline, and continuing education.

1.2. Authority. -- W. Va. Code § 30-1-7a, § 30-3E-3(a)(1)-(9), and W. Va. Code § 30-1D-1(d).

1.3. Filing Date. -- April 27, 2026.

1.4. Effective Date. -- July 1, 2026.

1.5. Sunset Provision -- This rule shall terminate and have no further force or effect upon August 1, 2031.

§11-1B-2. Definitions.

2.1. "Active practice notification" means a practice notification which is currently in effect.

2.2. "Authorization to practice" means written notification from the Board that a physician assistant may commence practice in collaboration with physicians pursuant to an active practice notification.

2.3. "Board" means the West Virginia Board of Medicine.

2.4. "Collaborating Physician" means a doctor of medicine, osteopathic medicine, or podiatric medicine fully authorized to practice clinical medicine or podiatric medicine in West Virginia by the appropriate board in this state without restriction or limitation, who collaborates with physician assistants.

2.5. "Collaboration" means overseeing the activities of the medical services rendered by a physician assistant. Constant physical presence of the collaborating physician is not required as long as the collaborating physician and physician assistant are, or can be, easily in contact with one another by telecommunication. Collaboration does not require the personal presence of the collaborating physician at the place or places where services are rendered.

2.6. "Controlled substances" means drugs that are classified by federal or state law in Schedules I, II, III, IV or V, as defined in W. Va. Code Chapter 60A, Article 2.

2.7. "Core duties" means medical acts that are included in the standard curricula of accredited physician assistant education programs.

2.8. "Endorsement" means a summer camp or volunteer endorsement to practice as a physician assistant as set forth in W. Va. Code §30-3E-1 *et seq*.

2.9. "Health care facility" means any licensed hospital, nursing home, extended care facility, state health or mental institution, clinic or physician's office.

2.10. "Hospital" means a facility licensed pursuant to W. Va. Code §16-5B-1 *et seq*.

2.11. "License" means a license issued by the Board to a physician assistant applicant pursuant to the provisions of W. Va. Code § 30-3E-1 *et seq*.

2.12. "Licensee" means a physician assistant licensed pursuant to the provisions of W. Va. Code § 30-3E-1 *et seq*. and the provisions of this legislative rule.

2.13. "Licensure" means the process of application to the Board, and the Board's consideration and approval of individuals to practice as physician assistants in collaboration with physicians.

2.14. "Narcotic drug" and "opioid" mean controlled substance medications which are natural and semi-synthetic derivatives of the opium poppy, as well as similar synthetic compounds that have analgesic or pain relieving properties because of their effects in the central nervous system. Narcotics and opioids include, but are not limited to, codeine, morphine, hydromorphone, hydrocodone, oxycodone, methadone, and fentanyl.

2.15. "NCCPA" means The National Commission on the Certification of Physician Assistants.

2.16. "Osteopathic Board" means the West Virginia Board of Osteopathic Medicine.

2.17. "Physician" means a doctor of allopathic or osteopathic medicine who is fully licensed by the Board or the Osteopathic Board to practice medicine or surgery in this state.

2.18. "Physician Assistant" means a person who meets the qualifications set forth in the Physician Assistants Practice Act, W. Va. Code §30-3E-1 *et seq*., and is licensed to practice medicine with a collaborating physician or podiatric physician. Physician assistant also means an individual who holds a physician assistant license in another state and an interstate telehealth registration issued by this Board.

2.19. "Podiatric physician" means a physician of podiatric medicine who is fully licensed by the Board to practice podiatric medicine in this state.

2.20. "Practice notification" means a written notice to the Board that a physician assistant will practice in collaboration with one or more physicians in the state of West Virginia.

2.21. "Practice setting" means the type of practice environment, and includes hospitals, ambulatory surgical facilities, clinics, private medical offices, and long term care facilities.

2.22. "Prescription drug" means a drug that may be dispensed under federal or state law only pursuant to the prescription of an authorized prescriber.

2.23. "Prescriptive authority" means the authority of a physician assistant to prescribe, order, administer or dispense prescription drugs.

2.24. "Registrant" means a physician assistant issued an interstate telehealth registration by the Board pursuant to W. Va. Code § 30-1-26.

2.25. "Registration" means an authorization to practice in collaboration with physicians issued by the Board pursuant to W. Va. Code § 30-1-26 for the limited purpose of providing interstate telehealth services.

2.26. "Reporting period" means the two-year period preceding the renewal deadline for a license issued by the Board. Continuing education satisfactory to the Board must be obtained in each reporting period.

2.27. "Risk Assessment and Responsible Prescribing of Controlled Substances" means drug diversion training, best-practice prescribing of controlled substances training, and training on prescribing and administering an opioid antagonist which includes all of the following components:

2.27.1. Risk Assessment and responding to drug diversion and drug seeking behavior including:

2.27.1.a. Tools for conducting routine patient assessments for risk factors associated with drug diversion, misuse or abuse and identification of substance use disorder treatment referral resources;

2.27.1.b. West Virginia statistics on prescription drug abuse and resulting deaths;

2.27.1.c. Identification of diversion and drug seeking tactics and behaviors;

2.27.1.d. Best practices for assessing, treating and referring patients suspected of drug seeking behavior, diversion or substance use disorder;

2.27.1.e. Introduction to Medication for Opioid Use Disorder (MOUD) and training on the effectiveness of MOUD treatment including the use of full opioid agonist, partial opioid agonist, and opioid antagonists; and

2.27.1.f. Training on the impacts of stigma on treatment effectiveness including the concept of addiction as a chronic disease.

2.27.2. Responsible prescribing of controlled substances, including:

2.27.2.a. Compliance with state and federal controlled substances laws and rules, including the Opioid Reduction Act;

2.27.2.b. Registering with and utilization of the West Virginia Controlled Substances Monitoring Program established in West Virginia Code Chapter 60A, Article 9;

2.27.2.c. Epidemiology of chronic pain in West Virginia and misuse of opioids;

2.27.2.d. Indication for opioids in chronic pain treatment including general characteristics, toxicities and drug interactions;

2.27.2.e. Examination of patient evaluation and risk assessment and tools to assess risk and monitor benefits;

2.27.2.f. Initiation and ongoing management of chronic pain patients treated with opioid based therapies, including treatment objectives; monitoring and periodic review; referrals and consultations; informed consent; prescription of controlled substance agreements, urine screens and pill counts; patient education on safe use, storage and disposal of opioids; discontinuation of opioids for pain due to lack of benefits or increased risks; documentation and medical records;

2.27.2.g. Presentation of a case study of a patient with chronic pain; and

2.27.2.h. Best practices for managing patients with active prescriptions for more than one controlled substance.

2.27.3. Training on prescribing and administering an opioid antagonist.

2.28. "Website" or "Board's website" means the set of related web pages operated by or on behalf of the West Virginia Board of Medicine located at the domain name wvbom.wv.gov, or at any successor domain name published by the Board.

§11-1B-3. Qualification and Application for Licensure to Practice as a Physician Assistant.

3.1. Minimum qualifications for licensure as a physician assistant are set forth in W. Va. Code §30-3E-4.

3.2. An application for a license to practice as a physician assistant shall be completed on a form provided by the Board, which is available on the Board's website. The Board shall not consider an application or decide upon the issuance of a license to an applicant until the complete application, including all third-party documentation or verification, is on file with the Board and the Board has had at least 15 days to review the application. An application for licensure must be accompanied by payment of a nonrefundable application fee in an amount established by 11 CSR 4 unless the applicant has applied for and been granted an initial licensing fee waiver as set forth in 11 CSR 13.

3.3. Applicants must provide the following information:

3.3.1. The applicant's name, email address, home address, preferred mailing address and primary practice location address(es) and telephone numbers;

3.3.2. Demographic information of the applicant, such as date of birth, sex, etc.;

3.3.3. A photograph taken within the previous 12 months which substantially resembles the applicant;

3.3.4. A copy of the individual's birth certificate, certificate of naturalization, or passport to be used in identifying the applicant, and verifying his or her date of birth and the appropriate spelling of his or her name;

3.3.5. Documentation establishing that the applicant:

3.3.5.a. Obtained a baccalaureate or master's degree from an accredited program of instruction for physician assistants; or

3.3.5.b. Graduated from an approved program of instruction in primary health care or surgery prior to July 1, 1994; or

3.3.5.c. Was certified by the Board as a "Type B" physician assistant prior to July 1, 1983;

3.3.6. Documentation that the applicant has passed the Physician Assistant National Certifying Examination administered by the NCCPA and documentation establishing that the applicant:

3.3.6.a. Has a current certification from the NCCPA; or

3.3.6.b. Has a current license in good standing from a state that does not require a physician assistant to maintain national certification;

3.3.7. A report from the National Practitioner Data Bank and documentation and/or certification which establishes that the applicant does not hold a physician assistant license, certification or registration in any jurisdiction which is currently suspended or revoked;

3.3.8. Information with respect to the applicant's professional practice, character and fitness to practice as a physician assistant;

3.3.9. Other information as determined by the Board which relates to whether the applicant is mentally and physically able to engage safely in practice as a physician assistant; and

3.3.10. Additional information identified by the Board for licensure.

3.4. In addition to the requirements for licensure set forth elsewhere in this legislative rule, all applicants for an initial license to practice as a physician assistant in West Virginia shall request and submit to the Board the results of a state and a national criminal history record check.

3.5. The purpose of the criminal history record check is to assist the Board in obtaining information that may relate to the applicant's fitness for licensure.

3.6. In addition to the State Police, the Board may contract with and designate a company specializing in the services required by this section instead of requiring the applicant to apply directly to the West Virginia State Police or similar out-of-state agency for the criminal history records checks. Provided, that any such company must utilize protocols consistent with standards established by the Federal Bureau of Investigation and the National Crime Prevention and Privacy Compact.

3.7. The applicant shall furnish to the State Police, or other organization duly designated by the Board, a full set of fingerprints and any additional information required to complete the criminal history record check.

3.8. The applicant is responsible for any fees required by the State Police, or other organization duly designated by the Board, for the actual costs of the fingerprinting and the actual costs of conducting a complete criminal history record check.

3.9. The Board may require the applicant to obtain a criminal history records check from a similar Board approved agency or organization in the state of the applicant's residence, if outside of West Virginia.

3.10. The applicant shall authorize the release of all records obtained by the criminal history record check to the Board.

3.11. A criminal history record check submitted in support of an application for licensure must have been requested by the applicant no earlier than 12 months immediately prior to the Board's receipt of the applicant's electronic application for licensure.

3.12. An initial licensure application is not complete until the Board receives the results of a state and a national criminal history record check conducted by the State Police or another entity duly authorized by the Board. The Board shall not grant an application for licensure submitted by any applicant who fails or refuses to submit the criminal history record check required by this section.

3.13. Should criminal offenses be reported on an applicant's criminal history record check, the Board shall consider the nature, severity, and recency of offenses, as well as rehabilitation and other factors on a case by case basis for licensure.

3.14. The results of the state and national criminal history record check may not be released to or by a private entity except:

3.14.1. To the individual who is the subject of the criminal history record check;

3.14.2. With the written authorization of the individual who is the subject of the criminal history record check; or

3.14.3. Pursuant to a court order.

3.15. Criminal history record checks and related records are not public records for the purposes of W. Va. Code §29B-1-1 et. seq.

3.16. The Board may require an applicant to provide original documents and/or certified documents in support of an application for licensure. The application, together with all documents submitted, becomes the property of the Board and shall not be returned.

3.17. An applicant may be required to appear before Board members at the meeting at which his or her application is to be considered.

3.18. The burden of satisfying the Board of the applicant's qualifications for licensure is upon the applicant. The Board may deny an application for a physician assistant license to any applicant determined to be unqualified for licensure by the Board.

§11-1B-4. Temporary License; Special Licenses and/or Endorsements.

4.1. If an applicant for licensure meets the qualifications for a license but is awaiting the next scheduled meeting of the Board for action upon his or her application, the applicant may request a temporary license. The Board may authorize its staff to issue temporary licenses to applicants who provide:

4.1.1. A written request that the applicant be issued a temporary license; and

4.1.2. A nonrefundable temporary license fee in an amount established by 11 CSR 4.

4.2. A temporary license expires six months after issuance or after the Board acts, whichever is earlier.

4.3. To the extent authorized by W. Va. Code §30-3E-15, a physician assistant licensed by this Board may apply for an endorsement to practice at a summer camp or as a volunteer at a community event by completing the application form prepared by the Board. No application fee shall be assessed. The Board may authorize its staff to issue summer camp and community event endorsements to an applicant who holds an unrestricted license issued by the Board and has submitted a complete and timely application.

4.4. To the extent authorized by W. Va. Code §30-3E-16, a physician assistant currently holding a license, registration or certification to practice in another jurisdiction may apply for an endorsement to practice at a summer camp or as a volunteer at a community event by completing the application form and submitting a fee equal to the fee set by the Board for a temporary license.

4.5. The Board shall not consider an application for a summer camp or a community event volunteer license or endorsement made pursuant to W. Va. Code §30-3E-16 until the complete application is on file with the Board, the appropriate fee has been submitted, and the Board has had at least 15 days to review the application.

4.6. To the extent authorized by W. Va. Code §30-1-21, a physician assistant currently holding a license, registration or certification to practice in another jurisdiction may apply for an authorization to serve as a volunteer without compensation for a charitable function for a period not to exceed 10 days by submitting a Board approved authorization form at least 10 days in advance of the charitable function. No fee shall be charged in association with requests made pursuant to this subsection. The Board may authorize its staff to approve the charitable practice if the physician assistant meets the eligibility criteria set forth in W. Va. Code §30-1-21.

§11-1B-5. License Renewal.

5.1. With the exception of an initial license, a license to practice as a physician assistant is issued for a term of two years. An initial license expires on the 31st day of March in the next year established by the Board for physician assistant license renewal. Provided, that if an original license is issued within 30 days of an established renewal deadline, the initial license shall expire on the 31st day of March in the subsequent renewal year.

5.2. License renewal for all licensed physician assistants, regardless of the date the license was first issued, shall occur prior to April 1 of every odd year. A license shall expire, if not renewed by the renewal deadline, which shall be set by the Board and published on the Board's website.

5.3. A physician assistant license shall be renewed upon timely submission of a fully completed renewal application form and payment of a nonrefundable renewal fee in an amount established by 11 CSR 4.

5.4. An online application is available through the Board's website. A licensee shall maintain current contact information on file with the Board including: a preferred mailing address; a home address; current practice locations; telephone number; and a current email address. A licensee shall notify the Board of any changes to such contact information within 15 days of the change.

5.5. It is the responsibility of the licensee to submit a renewal application before the renewal deadline set by the Board. Failure of the licensee to receive a renewal application or a renewal notice does not constitute justification for any physician assistant to practice on an expired license, even if the physician assistant is otherwise authorized to practice as a physician assistant under an active practice notification.

5.6. The Board's physician assistant renewal application form shall include, and applicants must provide, the following information:

5.6.1. The applicant's name, email address, home address, preferred mailing address and primary practice location address(es) and telephone numbers;

5.6.2. Demographic information of the applicant, such as date of birth, sex, etc.;

5.6.3. A statement concerning any disciplinary action taken against the applicant in the last two years in any jurisdiction;

5.6.4. Information with respect to the applicant's professional practice, character and fitness to practice as a physician assistant;

5.6.5. A statement of all other jurisdictions in which the applicant is licensed to practice as a physician assistant;

5.6.6. The renewal applicant's NCCPA certification status;

5.6.7. Certification of successful completion of all continuing education requirements;

5.6.8. An attestation by the physician assistant that, to the extent he or she has been authorized to practice during the last two years, the physician assistant has practiced within the delegation of duties set forth in the licensee's authorized practice agreement(s) and/or pursuant to an active practice notification; and

5.6.9. Other information required by the Board for renewal of a license.

5.7. The license of a physician assistant who fails to certify his or her successful completion of all continuing education requirements by the renewal deadline established by the Board shall automatically expire.

§11-1B-6. Reporting of NCCPA Certification Status and Professional Designation.

6.1. A physician assistant shall accurately report his or her NCCPA certification status on applications and forms of the Board.

6.2. A physician assistant who has a current certification from the NCCPA may use the professional designation of PA-C. A physician assistant who is not certified by the NCCPA shall use the professional designation of PA.

§11-1B-7. Reinstatement and Reactivation of License.

7.1. A physician assistant may seek reinstatement of an expired license within one year of the expiration by submitting:

7.1.1. A complete reinstatement application, which is available on the Board's website, with all required supporting documentation;

7.1.2. Certification that the renewal applicant has completed all required continuing education for the previous reporting period, and documentation satisfactory to the Board corroborating the applicant's certification of continuing education compliance;

7.1.3. A renewal fee; and

7.1.4. A reinstatement fee equal to 50 percent of the renewal fee.

7.2. If more than one year has passed since a physician assistant's license automatically expired, the former licensee shall apply anew for licensure pursuant to section 3 of this rule. A license granted pursuant to this subsection does not constitute an initial license. If licensure is granted, the Board shall reactivate the license and reissue the individual's original license number.

§11-1B-8. Collaborative Practice.

8.1. A physician assistant may not practice independently.

8.2. Physician assistants who are authorized to practice in West Virginia shall practice in collaboration with physicians.

8.3. Physician assistants who are authorized to practice in West Virginia may also collaborate and consult with other providers, in addition to collaborating physicians, to facilitate a team-based patient-centered practice.

8.4. Physicians and physician assistants who collaborate shall not allow an employment arrangement to:

8.4.1. Interfere with sound clinical judgment;

8.4.2. Diminish or influence the practitioner's ethical obligation to patients; or

8.4.3. Exert undue influence on, or interfere with the robustness of, the collaborative relationship.

§11-1B-9. Scope of Practice.

9.1. A physician assistant shall have, as a minimum, the knowledge and competency to perform the following core duties with appropriate physician collaboration:

9.1.1. Screen patients to determine the need for medical attention;

9.1.2. Review patient records to determine health status;

9.1.3. Take a patient history;

9.1.4. Perform a physical examination;

9.1.5. Perform development screening examinations on children;

9.1.6. Record pertinent patient data;

9.1.7. Make decisions regarding data gathering and appropriate management and treatment of patients being seen for the initial evaluation of a problem or the follow-up evaluation of a previously diagnosed and stabilized condition;

9.1.8. Prepare patient summaries;

9.1.9. Initiate requests for commonly performed initial laboratory studies;

9.1.10. Collect specimens for and carry out commonly performed blood, urine and stool analyses and cultures;

9.1.11. Identify normal and abnormal findings in patient history and physical examination and in commonly performed laboratory studies;

9.1.12. Initiate appropriate evaluation and emergency management for emergency situations; for example, cardiac arrest, respiratory distress, injuries, burns and hemorrhage;

9.1.13. Provide counseling and instruction regarding common patient problems and/or questions;

9.1.14. Execute documents at the direction of and for the collaborating physician;

9.1.15. Perform clinical procedures such as, but not limited to:

9.1.15.a. Venipuncture;

9.1.15.b. Electrocardiogram;

9.1.15.c. Care and suturing of minor lacerations, which may include injection of local anesthesia;

9.1.15.d. Casting and splinting;

9.1.15.e. Control of external hemorrhage;

9.1.15.f. Application of dressings and bandages;

9.1.15.g. Removal of superficial foreign bodies;

9.1.15.h. Cardiopulmonary resuscitation;

9.1.15.i. Audiometry screening;

9.1.15.j. Visual screening; and

9.1.15.k. Carry out aseptic and isolation techniques;

9.1.16. Assist in surgery;

9.1.17. Prepare patient discharge summaries if the physician assistant has been directly involved in patient care; and

9.1.18. Assist physicians under personal collaboration in a manner by which to learn and become proficient in new procedures.

9.2. In addition to core duties, a physician assistant may perform medical acts commensurate with his or her education, training, and experience, which the physician assistant is competent to perform, and consistent with the rules of the Board. The physician assistant may only perform medical acts consistent with sound medical practice and that will protect the health and safety of the patient.

9.3. A physician assistant may pronounce death provided that:

9.3.1. The physician assistant is in compliance with subsection 9.2 of this rule;

9.3.2. The physician assistant has a need to do so within his or her scope of practice; and

9.3.3. That the pronouncement is in accordance with applicable West Virginia law and rules.

9.4. A physician assistant may augment the physician's data gathering abilities to assist the collaborating physician in reaching decisions and instituting care plans for the physician's patients.

9.5. A physician assistant may provide an authorized signature, certification, stamp, verification, affidavit or endorsement on documents within the scope of his or her practice, including, but not limited to the following:

9.5.1. If permitted by the place of practice, a physician assistant may sign orders within the scope of his or her practice, including admission and/or discharge orders for patients personally treated by the physician assistant;

9.5.2. Medical certifications for death certificates if the physician assistant has received training on the completion thereof;

9.5.3. Instruments related to scope and limitation of treatment, including:

9.5.3.a. Physician orders for life sustaining treatment;

9.5.3.b. Physician orders for scope of treatment; and

9.5.3.c. Do not resuscitate forms and/or orders.

9.5.4. Disability medical evaluations and/or certifications for persons with disabilities in support of a hunting or fishing permit;

9.5.5. Utility company forms or certifications requiring maintenance of utilities regardless of ability to pay;

9.5.6. Governmental forms as permitted by law including, but not limited to parking applications for mobility impaired persons; and

9.5.7. Durable medical equipment.

9.6. A physician assistant may prescribe, order, administer or dispense medications in accordance with the provisions of W. Va. Code § 30-3E-3(c) and this rule.

§11-1B-10. Requirements for Practice Authorization.

10.1. A physician assistant may practice in collaboration with physicians in any practice setting pursuant to a practice notification which has been filed with and activated by the Board in accordance with W. Va. Code § 30-3E-10a and this rule. A physician assistant shall not commence practicing pursuant to a practice notification until he or she has received written authorization from the Board.

§11-1B-11. Practice Notifications.

11.1. Before a physician assistant may practice in collaboration with physicians, the physician assistant and a health care facility shall file a practice notification with the Board.

11.2. A practice notification shall be completed on a form provided by the Board and shall be accompanied by the appropriate fee. The fee for the submission of a practice notification shall be one hundred dollars ($100) until such time as a different fee is established by 11 CSR 4. Practice Notification forms can be found on the Board's website.

11.3. A physician assistant may not commence practice pursuant to a practice notification until the Board provides written notification to the physician assistant and health care facility that a complete practice notification has been filed with the Board. The Board's written notification activates the practice notification and provides the physician assistant with authorization to practice in the identified health care facility or facilities.

11.4. A practice notification shall include:

11.4.1. The full name, license number, preferred mailing address, telephone number, and email address of the physician assistant;

11.4.2. The name and address of each health care facility where the physician assistant will practice pursuant to the practice notification including all locations of the health care facility where the physician assistant customarily or routinely practices;

11.4.3. Verification that the physician assistant meets the qualifications for prescriptive authority;

11.4.4. The name, job title, email address and contact information of the health care facility representative who is responsible for executing the practice notification and ensuring compliance with the provisions of the certification; and

11.4.5. Certification by the physician assistant and the health care facility that:

11.4.5.a. The physician assistant shall practice in collaboration with physicians;

11.4.5.b. The physician assistant shall practice in conformity with the physician assistant's education, training and experience and in accord with the delineation of privileges granted to the physician assistant or other credentialing requirements of the health care facility;

11.4.5.c. The physician assistant holds a license issued by the Board to practice as a physician assistant or an interstate telehealth registration issued by the Board pursuant to W. Va. Code § 30-1-26;

11.4.5.d. The physician assistant meets the requirements for prescriptive authority and shall exercise prescriptive authority in conformity with section 12 of this rule; and

11.4.5.e. The physician assistant shall notify the Board upon the cessation of the physician assistant's practice pursuant to the practice notification.

11.4.6. If a physician assistant who files a practice notification holds a license which is subject to probation or any practice restriction or limitation, the practice notification shall be accompanied by:

11.4.6.a. A description of the physician assistant's practice restrictions or limitations;

11.4.6.b. Certification by the health care facility representative completing the practice notification that the health care facility is aware of all such practice restrictions or limitations;

11.4.6.c. Certification by the physician assistant and the health care facility representative that the physician assistant's practice shall comport with all practice restrictions or limitations.

11.5. A practice notification is complete when it conforms to the requirements of this section and is accompanied by the appropriate fee. The Board may return an incomplete practice notification unprocessed and may request additional information from the health care facility or physician assistant to obtain information necessary to complete the practice notification.

11.6. Upon receipt of a complete practice notification and the appropriate fee, the Board shall provide the physician assistant and health care facility written notice that the physician assistant is authorized to practice in the identified health care facility or facilities.

11.7. A physician assistant with an active practice notification on file with the Board may only practice within the health care facility or facilities identified in the practice notification. If practicing on behalf of the health care facility, a physician assistant may practice at one or more additional locations not included on his or her activated practice notification on an occasional basis not to exceed two days per month per location if the health care facility maintains documentation of the physician assistant's practice at such occasional practice locations and provides such documentation to the Board upon request.

11.8. A physician assistant may list more than one health care facility on a single practice notification if each of the facilities is operated under the same corporate umbrella and the health care facility representative identified in subdivision 11.4.4 of this rule is authorized and responsible for executing the practice notification and ensuring compliance with the provisions of the practice notification certification at every health care facility listed on the practice notification.

11.9. A new practice notification, with the required fee, must be filed for approval by the Board if the physician assistant seeks to practice at a health care facility not listed in an active practice notification.

11.10. A practice notification automatically terminates if:

11.10.1. The physician assistant's license or interstate telehealth registration expires;

11.10.2. The physician assistant ceases practice at the health care facility or facilities listed in the practice notification; or

11.10.3. The physician assistant is no longer credentialed to practice at the health care facility or facilities listed in the practice notification.

11.11. A physician assistant with more than one health care facility location on an active practice notification shall notify the Board within ten days if he or she ceases practicing, or is no longer credentialed to practice, at one of the health care facilities included in the practice notification. The practice notification shall not terminate, but shall no longer authorize practice at the location identified by the physician assistant as a former practice location.

11.12. A health care facility or a physician assistant may terminate a practice notification. A physician assistant shall immediately cease practicing upon the termination of a practice notification. The physician assistant must notify the Board, in writing, within 10 days of the termination of any practice notification.

11.13. A physician assistant may simultaneously practice pursuant to one or more active practice notifications.

§11-1B-12. Prescriptive Authority Pursuant to a Practice Notification.

12.1. A physician assistant practicing pursuant to an active practice notification has prescriptive authority to prescribe, order, administer and/or dispense medication in the course of his or her practice subject to the provisions of W. Va. Code § 30-3E-3(c).

12.2. A physician assistant may not prescribe a Schedule I controlled substance.

12.3. A physician assistant may prescribe up to a three-day supply of a Schedule II narcotic medication.

12.4. A physician assistant's prescribing of narcotic medication shall conform with the quantity and duration limitation set forth in subsection 12.3 and any practice requirements set forth in Opioid Reduction Act, W. Va. Code § 16-54-1 *et. seq.*, which are consistent with the quantity and duration limitations established for physician assistant narcotic prescribing.

12.5. There are no other formulary limitations on a physician assistant's prescriptive authority.

12.6. When exercising prescriptive authority, a physician assistant shall comply with the requirements of this rule and the requirements of the West Virginia Board of Pharmacy, other applicable state and federal laws, rules and regulations, and all applicable standards of care.

12.7. All prescriptions, including electronic prescriptions, written by the physician assistant must include the physician assistant's name, professional designation, practice location, telephone number, signature, license number issued by the Board, and any other information required by state and federal law.

§11-1B-13. Responsibilities of Physicians Collaborating with Physician Assistants Pursuant to Practice Notifications.

13.1. Unless otherwise prohibited by a health care facility, a physician who practices at a health care facility may collaborate with any physician assistant who holds an active practice notification with the same facility.

13.2. A physician collaborating with a physician assistant shall observe, direct, and evaluate the physician assistant's work records and practices, including collaborating with the physician assistant in the care and treatment of patients.

13.3. A collaborating physician shall only delegate those medical acts which are:

13.3.1. Within the physician's scope of practice;

13.3.2. Consistent with the physician assistant's education, training, and experience; and

13.3.3. Consistent with any credentialing requirements of the health care facility.

13.4. While collaboration does not require the constant physical presence of the collaborating physician, if the collaborating physician and physician assistant are, or can be, easily in contact with one another by electronic communication, including but not limited to telecommunication, physician collaboration shall not exclusively occur through written communication, electronic communication, telecommunication or any combination thereof.

§11-1B-14. Continuing Medical Education Requirements.

14.1. Successful completion of continuing education satisfactory to the Board during the preceding two-year period is required for the biennial renewal of a physician assistant license.

14.2. Types and categories of continuing medical education satisfactory to the Board for physician assistants are:

14.2.1. Successful completion, during the reporting period, of a minimum of 100 hours of continuing medical education as follows:

14.2.1.a. At least 50 hours of the required 100 hours must be designated as Category I by either the American Medical Association, American Academy of Physician Assistants or the American Academy of Family Physicians.

14.2.1.b. A maximum of 50 hours may be designated as Category II by either the American Medical Association, American Academy of Physician Assistants or the American Academy of Family Physicians.

14.2.2. Obtaining a master's degree from an accredited program of instruction for physician assistants within one year of the expiration of an initial license.

14.2.3. Passing the Physician Assistant National Recertifying Examination or successfully recertifying with the NCCPA through completion of the Physician Assistant National Recertifying Examination – Longitudinal Assessment during the reporting period.

There are no other types or categories of continuing education activity for physician assistants satisfactory to the Board.

14.3. Mandatory Continuing Education Activity Upon Initial Licensure -- Within one year of receiving an initial physician assistant license by the Board, a licensee shall complete three hours of training in a Board-approved course on Risk Assessment and Responsible Prescribing of Controlled Substances. This requirement is waived for licensees who do not prescribe, administer, or dispense any controlled substances whatsoever pursuant to a West Virginia license. Completion of a Board-approved course on Risk Assessment and Responsible Prescribing of Controlled Substances during the initial year of licensure may be allocated towards a licensee's biennial continuing education obligation for the renewal period during which the course was completed.

14.4. The Board-approved Risk Assessment and Responsible Prescribing of Controlled Substances shall satisfy three of the 100 required hours of continuing education for the reporting period.

14.5. The Board shall maintain and publish on its website a current list of all educational activities which have been approved by the Board to satisfy the Risk Assessment and Responsible Prescribing of Controlled Substances continuing education requirement.

14.6. The Board shall include a certification of successful completion of required continuing education on its biennial renewal application. The certification shall require the renewal applicant to:

14.6.1. Certify successful completion of all required continuing education;

14.6.2. Attest to the truthfulness and accuracy of the renewal applicant's statements regarding continuing education activities;

14.6.3. Acknowledge that any license issued based upon the renewal application is based upon the truth and accuracy of the applicant's statements and that if false information is submitted in the application, such act constitutes good cause for the revocation of the renewal applicant's license to practice in the State of West Virginia; and

14.6.4. Sign and date the certification.

14.7. A license shall automatically expire if the certification required by subsection 14.6 is not submitted to the Board by the renewal deadline. An automatically expired license shall remain expired until a licensee successfully seeks reinstatement or reactivation of licensure.

14.8. A licensee shall maintain accurate records of all continuing education he or she has completed. Continuing education records shall be maintained for a period of six years.

14.9. The Board may conduct such audits and investigations as it considers necessary to assure compliance with continuing education requirements and/or to verify the accuracy of a renewal applicant's certification of continuing education.

14.10. Upon written request of the Board to a licensee's preferred mailing address or email address of record with the Board, a licensee shall, within 30 days, submit written documentation satisfactory to the Board corroborating the licensee's renewal application certification of continuing education compliance.

14.11. Failure or refusal of a licensee to provide written documentation requested by the Board as set forth in subsection 14.10 of this rule is prima facie evidence of renewing a license to practice as a physician assistant by fraudulent misrepresentation and the licensee is subject to disciplinary proceedings.

§11-1B-15. Identification and Compliance Audits.

15.1. Except as otherwise provided by law, when practicing as a physician assistant, a physician assistant must wear a name tag in a conspicuous manner which identifies the practitioner as a physician assistant. An individual may not identify himself or herself as a physician assistant unless licensed by this Board or the Osteopathic Board.

15.2. A physician assistant shall keep his or her license and current practice notification available for inspection at each of his or her primary places of practice.

15.3. A physician assistant shall notify the Board in writing of a change in the physician assistant's name or address within 15 days of the change.

15.4. The Board may review physician assistant utilization without prior notice to the physician assistant, the collaborating physician, or the practice setting. An authorized representative or investigator for the Board may, without prior notice, enter at any reasonable hour a place of employment or practice of a physician or physician assistant or into public premises:

15.4.1. For the purpose of an audit to verify general compliance with the Physician Assistants Practice Act and this legislative rule; or

15.4.2. To investigate an allegation or complaint with respect to a collaborating physician or physician assistant.

15.5. A person may not deny or interfere with an entry under this section.

15.6. The Board's representatives may require a physician, physician assistant, or facility where the physician assistant is employed or practicing to provide access to records relating to the physician assistant's licensure, employment, credentialing, practice and medical records of patients seen by the physician assistant. It is a violation of this rule for a hospital, practice setting, collaborating physician or a physician assistant to refuse to undergo or cooperate with a review or audit by the Board.

15.7. The Board's representative shall refer possible compliance issues to the appropriate Committee of the Board and/or to any other agency that has jurisdiction over a facility, place of practice or practitioner.

§11-1B-16. Mental and Physical Examination.

16.1. The Board under any circumstances may require a licensed physician assistant or a person applying for licensure or other authorization to practice as a physician assistant in this state to submit to a physical or mental examination by a physician or physicians approved by the Board. The expense of the examination shall be paid by the Board.

16.2. A physician assistant submitting to an examination has the right, at his or her expense, to designate another physician to be present at the examination and make an independent report to the Board.

16.3. An applicant or licensee is considered to have given his or her consent to submit to all examinations when requested to do so in writing by the Board and to have waived all objections to the admissibility of the testimony or examination report of an examining physician on the ground that the testimony or report is privileged communication.

16.4. If a person fails or refuses to submit to an examination under circumstances which the Board finds are not beyond his or her control, failure or refusal is prima facie evidence of his or her inability to practice as a physician assistant competently and in compliance with the standards of acceptable and prevailing physician assistant practice.

§11-1B-17. License Denial, Complaint and Disciplinary Procedures.

17.1. The licensure denial, complaint and disciplinary process and procedures and appeal rights set forth in the contested case hearing procedure, W. Va. Code §29A-5-1 et seq., W. Va. Code §30-3-14(h) and (i), and in the Board's procedural rule, 11 CSR 3, Board Organization and Meeting Procedure; Complaint and Contested Case Hearing Procedure, also apply to physician assistants.

17.2. If the Board determines the evidence in its possession indicates that a physician assistant's continuation in practice or unrestricted practice constitutes an immediate danger to the public, the Board may take any of the actions provided in W. Va. Code §30-3-14(j) on a temporary basis and without a hearing if institution of proceedings for a hearing before the Board are initiated simultaneously with the temporary action and begin within 15 days of the action. The Board shall render its decision within five days of the conclusion of a hearing under this subsection.

§11-1B-18. Denial of Licensure and Discipline.

18.1. The Board may deny an application for license, or other authorization to practice as a physician assistant and may discipline a physician assistant licensed or registered by the Board who, after a hearing, has been adjudged by the Board as unqualified due to any of the following reasons:

18.1.1. Conduct by a physician assistant which is equivalent to any of the grounds cited for the discipline of physicians or podiatric physicians in W. Va. Code §30-3-14(c) or section 12 of the Board's rule 11 CSR 1A;

18.1.2. Failure to comply with any portion of this rule, the provisions of W. Va. Code §30-3E-1 *et seq*. and any other rule of the Board;

18.1.3. Practicing as a physician assistant:

18.1.3.a. In the absence of an active practice notification;

18.1.3.b. Outside or beyond the scope of an active practice notification; or

18.1.3.c. Beyond his or her level of competence, education, training and/or experience;

18.1.4. Prescribing, ordering, administering or dispensing a prescription drug that the physician assistant is not authorized to prescribe, order, administer or dispense.

18.1.5. Prescribing any controlled substance to or for himself or herself, or to or for any member of his or her immediate family;

18.1.6. Failure of a physician assistant to:

18.1.6.a. Notify the Board that an active practice notification has been terminated in the required time frame; or

18.1.6.b. Maintain a copy of his or her license and active practice notification in each primary place of practice;

18.1.7. Impersonation of a licensed physician, podiatric physician or another licensed physician assistant;

18.1.8. Misrepresentation that the physician assistant is a physician, that the physician assistant is currently certified by the NCCPA, or that the physician assistant holds any position for which he or she is not qualified by license, training, or experience;

18.1.9. Knowingly permitting another person to misrepresent the physician assistant as a physician;

18.1.10. Allowing an employment relationship to exert undue influence on sound clinical judgment or on the physician assistant's professional role and patient obligations; or

18.1.11. Misrepresentation or concealment of any material fact in obtaining any certification, registration, or license or a reinstatement or reactivation of any certification, registration or license related to his or her practice as a physician assistant.

18.2. If a physician assistant is found guilty of or pleads guilty or nolo contendere to any court of competent jurisdiction of any felony involving prescribing, selling, administering, dispensing, mixing or otherwise preparing any prescription drug, including any controlled substance under state or federal law, for other than generally accepted therapeutic purposes in a state or federal court of competent jurisdiction, the Board shall deny an application for licensure or revoke the physician assistant's license without resort to the procedures set forth in section 17 of this rule. A certified copy of the guilty verdict or plea rendered is sufficient proof for licensure denial or revocation.

18.3. If the Board determines that a physician assistant is unqualified, the Board may enter an order denying an application or imposing any limitation, restriction or other disciplinary measure set forth in W. Va. Code §30-3-14(j) and/or 11 CSR 1A.

18.4. In their discretion, the Board and the Osteopathic Board may refer and receive information from one another concerning:

18.4.1. Mutual applicants, registrants and/or licensees;

18.4.2. Information developed during the complaint and investigation process of one board which implicates or otherwise relates to applicants, registrants and/or licensees of the other board;

18.4.3. Any Complaints received or discovered by one board which relate to mutual applicants, registrants and/or licensees or applicants, registrants and/or licensees of the other board.