



Personal History Questions Physician Associate Applicants

Revised 06/2024

If you answer "YES" to any category I personal history question, please furnish details and request source documents as indicated below. Failure to provide all details will delay the processing of your file.

Category I Personal History Questions

Question 1 regarding unlicensed practice of a health care profession	
Applicant	Provide full details to include state/province, reasons/circumstances, and any disciplinary action.
Licensing Board	Provide verification of licensure to include license number, date issued and current status.
Question 2 regarding licensing examinations	
Applicant	Provide full details to include state/province, name of examination, dates, and grades (if known) for each failure.
Examination Agency	The report of examination grades will verify any failed attempts.
Questions 3, 4 and 5 regarding other state applications or licenses	
Applicant	Provide full details to include state/province, reasons/circumstances, and any disciplinary action.
Licensing Board	Provide full details and include copies of any legal documents.
Question 6 regarding prescribing privileges	
Applicant	Provide full details including dates and reasons/circumstances, and provide a copy of documents, reports, and correspondence.
State Narcotic Office/ Drug Enforcement Administration (DEA)	Provide full details and include copies of any legal documents.
Question 7 regarding arrests, convictions, or pleas	
Applicant	Provide full details of the arrest, dates, places, and disposition of the case.
Police Department/Court	Provide a certified copy (with court seal affixed) of the original charge, the judgment, the sentence and/or the dismissal order or other such documents which reflect the disposition of the matter.
Question 8 regarding criminal, civil, or administrative investigations	
Applicant	Provide full details to include the agency conducting the investigation as well as the reasons for the criminal, civil or licensing investigation. Provide a copy of documents, reports, and correspondence.
Investigating Agency	Provide full details concerning reasons for the investigation.
Question 9 regarding criminal or civil actions	
Applicant	Provide full details to include details of the case, where/when incident occurred, disposition of the case, judgment, etc. Please indicate if the case is still pending. Provide a copy of the documents, reports, and correspondence.
Agency/Party	Provide full details concerning reasons for the action.
Question 10 regarding criminal or civil settlements	
Applicant	Provide full details to include the agency/party with which the settlement was entered as well as the reasons for and conditions of the settlement. Provide a copy of the documents, reports, and correspondence.
Agency/Party	In some cases, information is needed in addition to the applicant's explanation.

Question 11 regarding malpractice claims	
Applicant	Provide full details to include name of patient, where/when incident occurred, disposition of the case, judgment, etc. Please indicate if the case is still pending. Provide a copy of the documents, reports, and correspondence.
Malpractice Carrier/Court	In some cases, information is needed in addition to the applicant's explanation.
Question 12 regarding interruption in practice or ceasing a specialty	
Applicant	Provide the length of time you did not practice or ceased the practice of your specialty and the reason why as well as your activities (medical or non-medical) for that period of time.
Hospital/School/Training Program	In most cases, the applicant's explanation is all that is needed. However, in some cases the applicant will be asked to request information be sent directly from other sources to the Board.
Question 13 regarding training programs	
Applicant	Provide name of the training program, dates, and reasons/circumstances.
School/Training Program	Provide full details concerning the circumstances, results, and copies of any legal documents.
Question 14 regarding employment or staff privileges	
Applicant	Provide full details to include the name of the hospital, clinic, surgical center, dates, and reasons/circumstances.
Hospital/ Employment	Provide full details including dates, circumstances, results, and copies of any legal documents.

Category II Personal History Attestation

Category II Question, regarding impairment	
Applicant	Describe the circumstances. Provide the name of the healthcare professional providing treatment.
Sources	Healthcare professional sends, directly to the Board, a statement regarding the applicant's ability to safely practice medicine. Police Department/Court sends, directly to the Board, court/legal documents reflecting the disposition of the matter.