

NEW TO PRACTICE GUIDE

For Recent PA Graduates



MAPA

MINNESOTA ACADEMY OF PAs

New to Practice for Recent Graduates

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Link to [Minnesota Statute 147A](#) which governs PA practice in Minnesota.

Acronyms

(BMP) Board of Medical Practice

(CME) Continuing Medical Education

(CMS) Centers for Medicare and Medicaid Services

(DEA) Drug Enforcement Agency

(MAPA) Minnesota Academy of PAs

(NCCPA) National Commission on the Certification of Physician Assistants

(NPP) Nonphysician Practitioner

(PANCE) Physician Assistant National Certifying Examination

Listing of resources does not necessarily indicate endorsement.

LICENSURE

What is Required to Obtain Your Minnesota License?

- Copy of driver's license or other government issued photo ID
- Affidavit of Applicant Form
- Collaborative Practice Verification for Physician Assistant Form
- Direct Verification of Active/Expired Licensure/Registration/Certification (if you hold any other healthcare professional license/registration/certification)
- Verification of Physician Assistant Education: Certification of Physician Assistant
- Verification of NCCPA certification

The [PA Application Instructions and Requirements](#) can be found on the Board of Medical Practice site.

Who can help a PA navigate through the MN Board of Medicine?

Most of what you need is accessible on the [Board of Medical Practice](#) website. If you have questions, contact the BMP – phone number: 612-617-2130 or email: medical.board@state.mn.us

Advice from BMP Staff – MAPA asked BMP Staff if there are any frequently asked application questions or areas of the application where they see common mistakes. Here is their response:

- Be sure that your full legal name is listed. Do not put only a middle initial. Be sure to include all former names through marriage or divorce.
- In the section “STATES/PROVINCES/COUNTRIES IN WHICH YOU ARE OR HAVE BEEN LICENSED OR REGISTERED”, all licenses/registrations must be included even if they have expired. They noted that CNA credentialing and EMT licensing are often overlooked.
- When listing an accounting of time, the month must be included, not just the year.
- The “ADDENDUM TO APPLICATION” is frequently omitted. The application is not complete without it.
- When requesting direct verification of NCCPA certification, be sure that the verification include the PANCE exam score.

How long does it take to get a Minnesota license?

Upon receipt of your application and documentation staff at the BMP can act on it. A decision will generally be made within two weeks. You are responsible for ensuring your file is complete (verifications, completed application, documentation received by the Board). An incomplete file will not be acted upon and will delay the process.

Can you apply for your license before graduation?

You can begin the application process. However, you must have passed the PANCE before completing the application.

Can I get a license before I have a job?

You do not have to have a job before obtaining your license. [MN Statute 147A.02](#) provides the qualifications for licensure.

What is the [Collaborative Practice Verification](#) form?

As a new graduate (or any PA with less than 2,080 hours of active practice as a PA) you must complete this form indicating whether you have or have not completed the requisite 2,080 hours of collaborative practice. Once you have accomplished the required hours you once again complete the form indicating that you have now completed the requirement.

How do you apply for a DEA license?

The application and detailed instructions are on the [Drug Enforcement Administration](#) website. The application process generally takes 4-6 weeks. The current cost of a DEA license is \$888, and it is valid for three years. Most employers will cover this cost.

As of June 27, 2023 DEA requires that an applicant self-attest to have completed no less than 8 hours of training with respect to the treatment and management of patients with opioid or other substance use disorders provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Nurses Credentialing Center, the American Psychiatric Association, the American Association of Nurse Practitioners, the American Academy of Physician Associates, or any other organization approved or accredited by the Assistant Secretary for Mental Health and Substance Use or the Accreditation Council for Continuing Medical Education.

There is a provision for new graduates¹:

All practitioners that graduated in good standing from a physician assistant school in the United States within five years of June 27, 2023, and successfully completed a comprehensive curriculum that included at least eight hours of training on:

- *Treating and managing patients with opioid or other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of a substance use disorder; or*
- *Safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid and other substance use disorders*

are deemed to have satisfied this training.

Which classes of controlled substances should I apply for on my DEA registration application?

Most PAs apply for schedules 2, 2N, 3, 3N, 4, and 5.

Am I required to register with the Prescription Drug Monitoring Program?

Once you have your DEA license, you must register an account with the [Minnesota Prescription Monitoring Program](#) (PMP). Every prescriber licensed by a health-related licensing board and practicing

¹ https://deadiversion.usdoj.gov/pubs/docs/MATE_Training_Letter_Final.pdf

within this state who is authorized to prescribe controlled substances for humans and who holds a current license issued by the DEA, must register and maintain a user account with the prescription monitoring program.

EMPLOYMENT RELATED

AAPA has excellent [career resources](#) that include interviewing checklists and resume guides. You must be a member to access some of these resources. They recently added [Keys to a Thriving PA-Physician Team](#), which we highly recommend.

Where should I search for career opportunities?

There are several resources available including:

- [MAPA Career Center](#) (members gain access to new job listings 7 days before non-members)
- [AAPA PA JobSource](#)
- [Monster](#)
- [Advanced Practice Solutions](#)
- [Indeed](#)
- [Glass Door](#)
- [LinkedIn](#)

What kind of salary should I expect to be offered or negotiated?

AAPA performs an annual [Salary Report](#) that is available for purchase via their website (free for members) and provides both local and specialty-specific figures based on level of experience.

What do I need to know about employment contracts?

[Tips for negotiating a healthy PA contract](#) from Clinical Advisor

[Contract Negotiation Tips for PAs](#) from Doximity

[Negotiating Your Contract](#) from AAPA

Here are some additional resources you can access: Each of these resources offers both complimentary and subscription services.

[PA the FI Way](#) *“Your guide to becoming a PA on the way to financial independence.”*

[The PA Blueprint](#) *“The PA Blueprint exists to educate and empower our peers in healthcare and beyond, giving you what you need to succeed. This is the vital information that you didn’t get in your training, but that is critical to your ability to thrive, not just survive.”* MAPA members receive a 25% discount on services. See the [members only discount page](#) for the code.

[Sami Ngo](#) *“Welcome to a new generation of Financially Literate PAs”*

PRACTICE RELATED

Scope of Practice of a PA in Minnesota

MN Statute [147A.09 Subd 1](#) contains the statutory definition:

Scope of practice. Physician assistants shall practice medicine only under an established practice agreement.

A physician assistant's scope of practice includes:

- (1) services within the training and experience of the physician assistant;
- (2) patient services customary to the practice of the physician assistant and the practice agreement; and
- (3) services within the parameters of the laws, rules, and standards of the facilities in which the physician assistant practices.

Limitations on scope of practice

There are currently three areas that have statutory limitations:

[147A.09 Subd 2 \(10\)](#): prescribing, administering, and dispensing drugs, controlled substances, and medical devices, including administering local anesthetics, but excluding anesthetics injected in connection with an operating room procedure, inhaled anesthesia, and spinal anesthesia; and

[147A.09 Subd 4](#):

Scope of practice limitations: spinal injections for acute and chronic pain.

A Collaborative Agreement is required for a new graduate.

The collaborative agreement should outline the format for which the new graduate and physician will interact regarding the PAs practice. This could include, but is not required to: periodic chart review, clinical discussions, shared patient care visits, or any number of other collaborative interactions that support the new graduate to develop and expand their patient care skills.

Per MN statute [147A.02 \(c\)](#)

A physician assistant who qualifies for licensure must practice for at least 2,080 hours, within the context of a collaborative agreement, within a hospital or integrated clinical setting where physician assistants and physicians work together to provide patient care.

The physician assistant shall submit written evidence to the board with the application, or upon completion of the required collaborative practice experience. (This is the Collaborative Practice Verification form.)

For purposes of this paragraph, a collaborative agreement is a mutually agreed upon plan for the overall working relationship and collaborative arrangement between a physician assistant, and one or more physicians licensed under chapter 147, that designates the scope of services that can be provided to manage the care of patients.

The physician assistant and one of the collaborative physicians must have experience in providing care to patients with the same or similar medical conditions.

The collaborating physician is not required to be physically present so long as the collaborating physician and physician assistant are or can be easily in contact with each other by radio, telephone, or other telecommunication device.

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What does “collaboration” REALLY mean?

Collaboration is not defined in the statutes. In everyday use the term collaboration implies teamwork, one of the tenets of the PA profession. How an employer/organization puts collaboration into practice is as individual as the employer/organization. A small practice setting may encompass a close working relationship between one or more physicians and one or more PAs. In large organizations you may merely be “assigned” to have a collaborating relationship with a physician with whom you may not even have a chance to interact.

When should I consider connecting with my collaborating physician regarding patient care?

This is dependent upon several factors, including:

- Your level of experience
- How long have you worked together, and what is the physician's level of trust
- The type of practice setting

AAPA offers these general guidelines for PA consultation with a collaborating physician:

- Life-threatening, persistent, or unusual cases
- Irrate or hostile patients or family members
- Cases that may have legal ramifications are best handled by the collaborating physician
- At the request of the patient
- When situations present that the physician and PA have pre-determined will be best served by the physician's input.
- Ideally, physician-PA teams have ongoing discussions about when such consultation should occur

Additionally, here are two resources you might want to review: [forgive the terminology of supervising doctors – this is a quote from the paper]

[Effective Collaboration Between Doctors and Advanced Practice Providers: Strategies for Physicians and Dentists](#) The practice culture should empower APPs to ask questions, request consultations with supervising doctors, contribute to conversations about patient management and care issues, and proactively participate in the practice's knowledge network.

Equally important is the need for doctors to commit to providing regular consultation time, reliable contact information, and timely response to APPs' questions or concerns. It's essential that both the doctor and the APP “recognize the collaborative nature of the relationship and eliminate any apprehension.”

[The PA and Supervising Physician Relationship: 5 Must Haves!](#)

- 1) A Willing Mentor and a Willing Apprentice
- 2) A Mutual Understanding of What You Can and Cannot do
- 3) Patience...Lots of it
- 4) Availability
- 5) Honest (and supportive) Feedback

What is the Minnesota law for collaborating physician chart reviews?

There is no statutory requirement for chart review.

Is it ok for me to be the only provider in the clinic?

MN statute [147A.02 \(c\)](#) *“The collaborating physician is not required to be physically present so long as the collaborating physician and physician assistant are or can be easily in contact with each other by radio, telephone, or other telecommunication device.”*

Are there restrictions on what I can prescribe?

A PA’s scope of practice includes: (1) *services within the training and experience of the physician assistant;* (2) *services customary to the practice of the physician assistant and the practice agreement.* (3) *services within the parameters of the laws, rules, and standards of the facilities in which the physician assistant practices.*

There are no statutory limitations on prescriptive practice other than *“anesthetics injected in connection with an operating room procedure, inhaled anesthesia and spinal anesthesia.”* [147A.09 Subd. 2 \(10\)](#)

Do my prescriptions have to be cosigned?

There has never been a statutory requirement for co-signature on prescriptions.

Am I allowed to see new or non-established patients?

Yes, there is no statutory prohibition on PAs seeing non-established patients. Likewise, there is no prohibition on PAs providing consultations.

Are there any unique restrictions governing PA practice in MN?

There are three caveats to be aware of:

[147A.09 Subd.2](#) (4) *ordering or, performing, or reviewing diagnostic procedures, including the use of radiographic imaging systems in compliance with Minnesota Rules 2007, chapter 4732, but excluding interpreting computed tomography scans, magnetic resonance imaging scans, positron emission tomography scans, nuclear scans, and mammography.*

[147A.09 Subd.2](#) (10) *prescribing, administering, and dispensing drugs, controlled substances, and medical devices including administering local anesthetics, but excluding anesthetics injected in connection with an operating room procedure, inhaled anesthesia, and spinal anesthesia.*

[147A.09 Subd.4](#) *Scope of practice limitations; spinal injections for acute and chronic pain. Notwithstanding subdivision 1, a physician assistant may only perform spinal injections to address acute and chronic pain symptoms upon referral and in collaboration with a physician licensed under chapter*

147. For purposes of performing spinal injections for acute or chronic pain symptoms, the physician assistant and one or more physicians licensed under chapter 147 must have a mutually agreed upon plan that designates the scope of collaboration necessary for treating patients with acute and chronic pain.

How can a PA mitigate their risk for legal action (malpractice)?

Here are some resources to review:

- From AAPA
 - [Malpractice Insurance Basics](#)
 - [Risk Management CME: Medical Malpractice and the PA](#)
 - [Provider Burnout and the Risk of Malpractice](#)
 - [Protecting Your Assets and Your Career](#) (requires that you log into AAPA to view)
- [Clinical Advisor](#)
- [The PA Life](#)

The following resources are directed toward physicians but valuable for PAs as well:

- [Physicians Practice](#)
- [AAFP](#)
- [Electronic Medical Certification](#)
- [Medical Malpractice](#) StatPearls [Internet]

Should I have my own malpractice insurance even if I have coverage from my employer?

Here are some resources to review:

- [Malpractice Insurance Basics](#)
- [Physician Assistant Liability Insurance](#)
- [Myths About Malpractice Insurance](#)
- [What PAs Need to Know About Malpractice Insurance](#)

REIMBURSEMENT RELATED

Where can I find information about reimbursement for services provided by PAs?

AAPA has resources including:

- [A Primer on PA Reimbursement](#)
- [The Essential Guide to PA Reimbursement 2023](#)
- [Payer Reimbursement Policies for PAs](#)

Where can I learn more about Medicare billing specifically?

AAPA has information on [Medicare billing](#)

How does “incident to” billing work?

“Incident to” is a Medicare billing provision that allows PAs to bill Medicare under the physician’s NPI if all of Medicare’s strict criteria are met. Those criteria are:

- Services are provided in a physician’s office or physician’s clinic.
- A physician sees the Medicare patient on the initial visit, and establishes a diagnosis, and treatment plan. PA sees the patient on a follow up visit.
- For established Medicare patients with a new problem, the physician sees the patient first for the new problem, establishes a diagnosis and treatment plan, PA sees patient on follow-up visit.
- Physician is on-site, within the suite of offices, and
- Services are within the PA’s scope of practice by state law.

Noncompliance with the criteria places the practice (and providers) at risk of fraud and large penalties from Medicare. Additionally, the work done by the PA is “hidden” since the billing is done under the Physician’s NPI.

What is a “shared visit”?

This is a Medicare billing option. According to the Medicare Part B payment policy, a split/shared E/M visit is “a medically necessary encounter with a patient where the physician and a qualified NPP each personally perform a substantive portion of an E/M visit face-to-face with the same patient on the same date of service.”

The details of split/shared visit billing are evolving. Rather than presenting outdated information in this document we refer you to the up-to-date information provided by AAPA. Access requires AAPA membership - [Medicare: Split \(or Shared\) Visit Billing](#).

Can PAs receive direct reimbursement from Medicare?

Effective January 1, 2022, Medicare authorized payment to a PA for their professional services.

[PAs authorized to receive direct payment under Medicare](#)

Continuing Medical Education / Preparing for Recertification

What different categories of CME are there?

- Category 1;
 - Category 1 Performance Improvement (PI-CME); Category 1 Self-Assessment; and
- Category 2

[AAPA](#) provides clear definitions of these various categories.

To maintain certification 100 hours of CME must be obtained every two years. Of the 100 a minimum of 50 must be Category 1. PI-CME and Self-Assessment types of Category 1 CME are not required. If you choose to do those two types, they are worth “extra credit”. See the details on the [NCCPA](#) website.

When are CME hours due and how do I claim CME?

Per [NCCPA](#):

Your CME earning and logging window begins May 1 of the year your current certification was issued and continues through December 31 of the certification expiration year. (For example, PA-C designees whose certification expires in 2024 must have earned their CME between May 1, 2022, and December 31, 2024.)

Special Guidelines for New Certification Holders

If this is the first time you've logged CME since passing PANCE, you may log any CME earned as of the date your certification was issued through December 31 of the year your certification expires (approximately two years later) and submit the certification maintenance fee by December 31 of the year your certification expires.

***Newly Certified PAs should keep their Category 1 CME documentation for their current CME cycle and their last CME cycle. For example, if you are currently on a 2022-2024 CME cycle you would need to keep that documentation and the 2018-2020 CME cycle documentation. NCCPA does not audit Category 2 CME. This is the policy for NCCPA, not the state medical boards. You will need to check with your state medical board regarding their auditing requirements. If the [Minnesota Board of Medical Practice](#) performs an audit they expect to see six years' worth of CME documentation.*

NCCPA provides detailed instructions on how to [log CME credits](#)

What is the 10-year certification cycle?

Per [NCCPA](#): The 10-year certification maintenance process includes five two-year cycles during which all Certified PAs must log 100 CME credits online. At least 50 of these must be Category 1. The remaining can be Category 1, Category 2, or a combination of both. In addition, a certification maintenance fee must be submitted by 11:59 p.m. PT, December 31 of their certification expiration year. You will need to pass a recertification exam by the end of your 10th year.

What is the recertification exam?

Per [NCCPA](#): PAs now have two options for meeting their recertification exam requirement, and PAs should choose the option that best suits their individual preferences. Both exam options are based on the same content blueprint. With either option, PAs must also meet the Continuing Medical Education requirements.

PANRE v. PANRE-LA

Both assessments fulfill the exam requirement to maintain certification, share the same content blueprint and question format, and use a scale score to account for question difficulty.

PANRE

- Completed in one 5-hour session (4 hours of test time, 45 minutes of break time, and 15 minutes for tutorial)
- Administered throughout the year at Pearson VUE test centers
- Consists of 240 multiple-choice questions
- Scores available typically within 2 weeks
- Available for PAs in the 9th & 10th years of their certification maintenance cycle

PANRE-LA

- Administered in 12 quarters over a 3-year period, beginning in the 7th year of the certification maintenance cycle
- PAs log in/out on their own devices to complete questions at their convenience during each quarter
- 25 questions administered each quarter, with 5 minutes per question
- Immediate feedback provided to PAs as they answer each question
- Score is based on 8 quarters of questions
- Possible to pass after 8 quarters



What are good CME opportunities for a new graduate?

There are many CME opportunities for all licensed PAs.

[MAPA](#) sponsors a Spring and Fall CME event each year with discounted tuition for MAPA members. In addition to high quality CME these provide significant networking opportunities. MAPA also maintains an [event calendar](#).

Other offerings from Minnesota institutions include:

- [CentraCare](#)
- [Children's Hospitals of Minnesota](#)
- [Essentia](#)
- [HealthPartners/Park Nicollet](#)
- [Mayo Clinic](#)
- [University of Minnesota](#)

As a member of AAPA, you can earn 2 Category 1 CME credits with each issue of JAAPA.

The [BMP](#) has a link for CME resources. CME designed for physicians is applicable to NCCPA requirements.

How long do I need to keep records of the CME credits I have earned?

Per [NCCPA](#) "You should keep your Category 1 CME documentation for your current CME cycle and your last CME cycle." For example, if you are currently on a 2020-2022 CME cycle you would need to keep that documentation and the 2018-2020 CME cycle documentation. They do not audit Category 2 CME.

If the [Minnesota Board of Medical Practice](#) performs an audit they expect to see six years' worth of CME documentation.

PROFESSIONAL INVOLVEMENT

How can I stay connected with other PAs in Minnesota?

- Become a [MAPA member](#) and join/create a network of colleagues.
- New graduates can join at a discounted rate during the first 12 months after graduation.
- Consider joining one of [MAPA's Committee](#)
- Plan to attend the Spring and Fall CME meetings. These are not only an opportunity for high-quality CME but for networking and professional development as well. Check dates on the [upcoming CME calendar](#).
- Plan to attend [PA Day on the Hill](#) to learn more about PA advocacy efforts.

What professional memberships are available to PAs practicing in specialty fields?

AAPA lists 27 [specialty groups](#).

If I join AAPA and a specialty organization, do I still need to join MAPA?

You may be able to obtain specialty specific continuing education through a specialty organization. It is MAPA that will be advancing PA-related legislative issues and regulations guiding PA practice in Minnesota. Becoming a member will help strengthen our collective voice.

VOLUNTEERING YOUR SERVICES

Can I volunteer as a PA to provide medical services?

Yes, both for emergencies and non-emergency situations.

For emergencies: [MN Statute 147A.23](#) says "A physician assistant duly licensed or credentialed in a United States jurisdiction or by a federal employer who is responding to a need for medical care created by an emergency according to sections 604A.01, or a state or local disaster may render such care as the physician assistant is trained to provide, under the physician assistant's license or credential."

For non-emergencies: Minnesota has a [Volunteer Health Care Provider Program](#). PAs are included in the list of covered entities. "Health care provider" means a physician licensed under chapter 147, physician assistant licensed and practicing under chapter 147A, nurse licensed and registered to practice under chapter 148, dentist, dental hygienist, or dental therapist licensed under chapter 150A, or an advanced dental therapist licensed and certified under chapter 150A. [Malpractice coverage](#) for those participating is covered by the state. "The individual health care provider participation cycle is May 1 to April 30. New volunteer provider registration applications are accepted year-round and expire April 30th of each year. Renewal registrations must be submitted by March 31st of each year to maintain insurance coverage through the program. There is no fee assessed to individual volunteer applicants."

Can I volunteer as a PA to provide medical services for events in other states, such as summer camps, athletic events, etc.?

No. You need to be credentialed, and depending on the laws in that state, you may need a supervising physician licensed in that state.