

**CHAPTER 35**  
**BOARD OF MEDICAL EXAMINERS**

**Authority**

N.J.S.A. 26:6A-1 et seq., specifically 26:6A-4; 45:1-15.1 and 45:9-2.

**Source and Effective Date**

R.2005 d.120, effective March 17, 2005.  
See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

**Chapter Expiration Date**

Chapter 35, Board of Medical Examiners, expires on March 17, 2010.

**Chapter Historical Note**

Chapter 35, Board of Medical Examiners, was adopted and became effective prior to September 1, 1969.

Chapter 35, Board of Medical Examiners, was repealed and Chapter 35, Board of Medical Examiners, was adopted as new rules by R.1983 d.314, effective August 1, 1983. See: 15 N.J.R. 503(a), 15 N.J.R. 1255(a).

Subchapter 7, Chiropractic Practice, was adopted as R.1984 d.533, effective November 19, 1984. See: 16 N.J.R. 686(a), 16 N.J.R. 3208(a).

Pursuant to Executive Order No. 66(1978), Chapter 35, Board of Medical Examiners, was readopted as R.1989 d.532, effective September 21, 1989. See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).

Subchapter 6A, Declarations of Death upon the Basis of Neurological Criteria, was adopted as R.1992 d.309, effective August 3, 1992. See: 23 N.J.R. 3635(a), 24 N.J.R. 2731(c).

Subchapter 2A, Limited Licenses: Certified Nurse Midwifery, was adopted as R.1992 d.332, effective September 8, 1992. See: 23 N.J.R. 3632(a), 24 N.J.R. 3094(a).

Subchapter 9, Acupuncture, was adopted as R.1993 d.299, effective June 21, 1993. See: 24 N.J.R. 4013(a), 25 N.J.R. 2689(c).

Subchapter 10, Athletic Trainers, was adopted as R.1993 d.546, effective November 1, 1993. See: 25 N.J.R. 265(a), 25 N.J.R. 4935(a), 26 N.J.R. 483(a).

Pursuant to Executive Order No. 66(1978), Chapter 35, Board of Medical Examiners, was readopted as R.1994 d.522, effective September 19, 1994, and Subchapter 7, Chiropractic Practice, was repealed by R.1994 d.522, effective October 17, 1994. See: 26 N.J.R. 2526(a), 26 N.J.R. 4195(a).

Subchapter 2B, Limited Licenses: Physician Assistants, was adopted as R.1994 d.538, effective November 7, 1994. See: 25 N.J.R. 5099(b), 26 N.J.R. 4411(b).

Subchapter 11, Alternate Resolution Program, was adopted as R.1995 d.339, effective June 19, 1995. See: 27 N.J.R. 1363(a), 27 N.J.R. 2412(a).

Subchapter 7, Prescription, Administration and Dispensing of Drugs, was adopted as R.1997 d.475, effective November 3, 1997. See: 29 N.J.R. 842(a), 29 N.J.R. 4706(a).

Subchapter 4A, Surgery, Special Procedures, and Anesthesia Services Performed in an Office Setting, was adopted as R.1998 d.294, effective June 15, 1998. See: 29 N.J.R. 2238(a), 30 N.J.R. 2236(b).

Petition for Rulemaking. See: 30 N.J.R. 740(c), 1642(a).

Pursuant to Executive Order No. 66(1978), Chapter 35, Board of Medical Examiners, was readopted as R.1999 d.356, effective September 20, 1999. See: 31 N.J.R. 1742(a), 31 N.J.R. 3117(a).

Subchapter 12, Electrologists Advisory Committee; Licensure of Electrologists and Electrology Instructors; Electrology Standards of Practice, was adopted as R.2004 d.279, effective July 19, 2004. See: 35 N.J.R. 3263(a), 36 N.J.R. 3401(a).

Subchapter 13, Perfusionists, Advisory Committee, was adopted as R.2005 d.88, effective March 7, 2005. See: 36 N.J.R. 1721(a), 37 N.J.R. 782(a).

Chapter 35, Board of Medical Examiners, was readopted as R.2005 d.120, effective March 17, 2005. See: Source and Effective Date. See, also, section annotations.

Subchapter 6A, Declarations of Death Upon the Basis of Neurological Criteria, was repealed and Subchapter 6A, Declarations of Death Upon the Basis of Neurological Criteria, was adopted as new rules by R.2007 d.120, effective May 7, 2007. See: 38 N.J.R. 2021(a), 39 N.J.R. 1751(a).

Subchapter 1, Medical Schools, Colleges, Externships, Clerkships And Post-Graduate Work, was renamed Medical Schools, Colleges, Externships and Clerkships; and Subchapter 3, Licensing Examinations and Endorsements, Limited Exemptions from Licensure Requirements, was renamed Licensing Examinations and Endorsements, Limited Exemptions from Licensure Requirements; Post-Graduate Training by R.2008 d.100, effective April 21, 2008. See: 39 N.J.R. 3876(a), 40 N.J.R. 2115(a).

**Law Review and Journal Commentaries**

How New Jersey Regulates Doctors. Theodosia Tamborlane, 132 N.J.L.J. No. 15, S24 (1992).

**SUBCHAPTER 2B. LIMITED LICENSES:  
PHYSICIAN ASSISTANTS**

**13:35-2B.1 Purpose and scope**

(a) The rules in this subchapter implement the provisions of the Physician Assistant Licensing Act, P.L. 1991, c.378, as amended by P.L. 1992, c.102.

(b) This subchapter shall apply to all physician assistants licensed pursuant to the provisions of this subchapter and to

anyone within the jurisdiction of the Physician Assistant Advisory Committee.

### 13:35-2B.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicated otherwise:

“Board” means the State Board of Medical Examiners.

“Committee” means the Physician Assistant Advisory Committee.

“Designated physician assistant” means a physician assistant, other than a temporary license holder, who is assigned by a supervising physician or a physician designee to supervise a temporary license holder.

“Direct supervision” means supervision by a plenary licensed physician which shall meet all of the conditions established in N.J.A.C. 13:35-2B.10(b) or N.J.A.C. 13:35-2B.15, as applicable.

“Director” means the Director of the Division of Consumer Affairs.

“Licensee” means a physician assistant licensed pursuant to this subchapter.

“Licensed personnel” means health care practitioners licensed in the State of New Jersey to perform specific duties in the health care field.

“Physician” means a person who holds a current, valid license to practice medicine and surgery in this State.

“Physician assistant” means a person who holds a current, valid license to practice as a physician assistant in this State.

“Physician designee” means a plenary licensed physician who is assigned by the supervising physician in case of his or her temporary absence and whose scope of practice encompasses the duties assigned to a physician assistant.

“Supervising physician” means a plenary licensed physician in good standing who, pursuant to N.J.S.A. 45:9-27.18, engages in the direct supervision of physician assistants whose duties shall be encompassed by the supervising physician’s scope of practice.

Amended by R.1995 d.423, effective August 7, 1995.

See: 27 N.J.R. 1526(a), 27 N.J.R. 2959(a).

Amended by R.2005 d.120, effective April 18, 2005.

See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

Added “Designated physician assistant”.

### 13:35-2B.3 Practice requirements

(a) A licensee may engage in clinical practice in any medical care setting provided that:

1. The licensee is under the direct supervision of a physician pursuant to the provisions of N.J.A.C. 13:35-2B.10;

2. The licensee limits his or her practice to those procedures authorized pursuant to N.J.A.C. 13:35-2B.4;

3. Upon initial involvement in a patient’s course of care or treatment, the licensee or the supervising physician advises the patient that authorized procedures are to be performed by the physician assistant;

4. The licensee conspicuously wears an identification tag using the term “physician assistant” whenever acting in that capacity; and

5. The licensee complies with the recordkeeping requirements set forth in N.J.A.C. 13:35-2B.11.

(b) The licensee shall file with the Committee a notice of employment for each full-time, part-time or per diem place of employment, on forms provided by the Committee, within 10 days after the date on which employment commences. Furthermore, the licensee shall report to the Committee any change in employment and/or supervising physician within 10 days of the change.

Amended by R.2005 d.120, effective April 18, 2005.

See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

Rewrote (b).

### 13:35-2B.4 Scope of practice

(a) A licensee who has complied with the provisions of N.J.A.C. 13:35-2B.3 may perform the following procedures on a discretionary and routine basis:

1. Approaching a patient to elicit a detailed and accurate history, perform an appropriate physical examination, identify problems, record information, interpret and present information to the supervising physician, determine and implement therapeutic plans jointly with the supervising physician and compile and record pertinent narrative case summaries;

2. Suturing and follow up care of wounds including removing sutures and clips and changing dressings, except for facial wounds, traumatic wounds requiring suturing in layers and infected wounds;

3. Providing patient counseling services and patient education consistent with directions of the supervising physician;

4. Assisting a physician in an inpatient setting by conducting patient rounds, recording patient progress notes, determining and implementing therapeutic plans jointly with the supervising physician and compiling and recording pertinent narrative case summaries;

5. Assisting a physician in the delivery of services to patients requiring continuing care in a private home, nursing home, extended care facility, private office practice or other setting, including the review and monitoring of treatment and therapy plans;

6. Facilitating the referral of patients to, and promoting their awareness of, health care facilities and other appropriate agencies and resources in the community;

7. Collecting fluids for diagnostic purposes, including, but not limited to, blood, urine, sputum and exudates;

8. Placing and utilizing access catheters and tubes for diagnostic, therapeutic or interventional purposes, including, but not limited to, intravenous, arterial, nasogastric and urinary;

9. Performing minor surgical procedures such as simple excisions, incision and drainage, debridement and packing of wounds;

10. Applying and removing medical and surgical appliances and devices such as splints, casts, immobilizers, traction, monitors and medication delivery systems;

11. Management of emergency and life threatening conditions;

12. Performing low-risk obstetrical deliveries in a licensed hospital with the supervising physician or physician designee on premises and available to respond immediately; and

13. Subject to review by the Board, such other written procedures established by the employer, provided the procedures are within the training and experience of both the supervising physician and the physician assistant.

(b) A licensee who has complied with the provisions of N.J.A.C. 13:35-2B.3 may perform the following procedures, provided the procedures are within the training and experience of both the supervising physician and the physician assistant, only when the supervising physician directs the licensee to perform the procedures or orders or prescribes the procedures, or the procedures are specified in a written protocol approved by the Board.

1. Performing non-invasive laboratory procedures and related studies or assisting licensed personnel in the performance of invasive laboratory procedures and related studies;

2. Giving injections, administering medications and ordering diagnostic studies;

3. Suturing and caring for facial wounds, traumatic wounds requiring suturing in layers and infected wounds;

4. Ordering medications and prescribing other than controlled dangerous substances and writing orders to implement therapeutic plans identified pursuant to (a)4 above.

5. In the operating room, assisting a supervising surgeon as a first assistant or as a second assistant when deemed necessary by the supervising surgeon and when a qualified assistant physician is not required by N.J.A.C. 13:35-4.1;

6. Performing other procedures for diagnostic, therapeutic or interventional purposes such as, but not limited to, introduction of contrast material for radiologic studies, use of endoscopic instruments and aspiration of fluid from joints and body cavities, collection of cerebrospinal fluid, biopsy of tissues, placement of central venous catheters or chest tubes, and endotracheal intubation.

i. The supervising physician or physician designee shall be available on premises for those procedures requiring intravenous or intra-arterial injection of contrast material, endoscopic biopsy of tissue, and elective endotracheal intubation.

ii. The supervising physician shall maintain documentation, or ensure that documentation is maintained, evidencing that the physician assistant has the training, experience and proficiency to perform such procedures; and

7. Subject to review and approval by the Board, such other written procedures established by the employer, provided the procedures are within the training and experience of both the supervising physician and the physician assistant.

Amended by R.1996 d.126, effective March 4, 1996.

See: 27 N.J.R. 1956(a), 28 N.J.R. 1390(a).

In (a) added low-risk obstetrical deliveries and in (b) added other procedures for diagnostic, therapeutic or interventional purposes.

Amended by R.1999 d.356, effective October 18, 1999.

See: 31 N.J.R. 1742(a), 31 N.J.R. 3117(a).

In (b)4, deleted "In an inpatient setting," at the beginning.

Amended by R.2005 d.120, effective April 18, 2005.

See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

In (a), substituted "medication delivery systems" for "infusion pumps" in 10.

### 13:35-2B.5 Eligibility for licensure

(a) An applicant for licensure shall submit to the Board, with the completed application form and the required fee, evidence that the applicant:

1. Is at least 18 years of age;

2. Is of good moral character, evidence of which shall require the applicant for licensure to respond to such inquiry as the Board deems appropriate regarding past and present fitness to practice, and issues pertinent thereto;

3. Has successfully completed an education program for physician assistants which is approved by the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA), or its successor; and

4. Has passed the examination administered by the National Commission on Certification of Physician Assis-

tants (NCCPA), or its successor, except as set forth in (b) below.

(b) An applicant who submits satisfactory proof that he or she holds a current license, certification or registration to practice as a physician assistant in a state which has standards substantially equivalent to those of this State shall be deemed to satisfy the examination requirement set forth in (a)4 above.

Amended by R.2005 d.120, effective April 18, 2005.  
See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

In (a), rewrote 3 and inserted ", or its succession" following "Physician Assistants (NCCPA)" in 4.

### 13:35-2B.6 Refusal to issue, suspension or revocation of license

(a) The Board may refuse to issue or may suspend or revoke any license issued by the Board for any of the reasons set forth in N.J.S.A. 45:1-21.

(b) Prior to any license suspension or revocation, the licensee shall be afforded the opportunity for a hearing pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

### 13:35-2B.7 License renewal, continuing education requirement

(a) The Board shall not issue a biennial license renewal unless the applicant submits, with the renewal application, proof that he or she completed courses of continuing professional education of the types and number of credits specified in N.J.A.C. 13:35-2B.8.

(b) Falsification of any information submitted with the renewal application may result in an appearance before the Board or a duly appointed Committee thereof and, after due notice to the licensee and the opportunity for a hearing pursuant to the Administrative Procedure Act and the Uniform Administrative Procedure Rules, penalties and/or suspension or revocation of the license.

(c) The Board will, from time to time, conduct inquiries among licensees on a random basis to determine compliance with continuing education requirements.

### 13:35-2B.8 Credit-hour requirements

(a) Each applicant for a biennial license renewal shall be required to complete, during the preceding biennial period, a minimum of 50 continuing education credit hours in category I courses approved by the American Medical Association, the American Academy of Physician Assistants, the American Academy of Family Physicians, the American Osteopathic Association or the Accreditation Council on Continuing Medical Education. The Board reserves the right to review and approve continuing education courses offered by entities other than those set forth above.

(b) Fifteen credits may be carried over into a succeeding biennial period only if earned during the last six months of the preceding biennial period.

Amended by R.2005 d.120, effective April 18, 2005.  
See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

In (a), substituted "50" for "40" following "a minimum of".

### 13:35-2B.9 Waiver of continuing education requirement

(a) The Board may, in its discretion, temporarily waive continuing education requirements on an individual basis for a period of time designated by the Committee for reasons of hardship, such as illness or disability, or other good cause.

(b) Any licensee seeking a waiver of the continuing education requirements must apply to the Board in writing and set forth with specificity the reasons for requesting the waiver. The licensee shall also provide the Board with such additional information as it may reasonably request in support of the application.

Amended by R.2005 d.120, effective April 18, 2005.  
See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

In (a), inserted "a period of time designated by the Committee for" preceding "reasons of hardship".

### 13:35-2B.10 Supervision

(a) A physician assistant shall engage in practice only under the direct supervision of a physician.

(b) The physician assistant shall not render care unless the following conditions are met:

1. In an inpatient setting, the supervising physician or physician-designee is continuously or intermittently present on-site with constant availability through electronic communications for consultation or recall;
2. In an outpatient setting, the supervising physician or physician-designee is constantly available through electronic communications for consultation or recall;
3. The supervising physician regularly reviews the practice of the physician assistant;
4. The supervising physician or physician designee personally reviews all charts and patient records and countersigns all medical orders as follows:
  - i. In an inpatient setting, within 24 hours of the physician assistant's entry of the order in the patient record; and
  - ii. In an outpatient setting, within a maximum of seven days of the physician assistant's entry of the order in the patient record, except that in the case of any medical order prescribing or administering medication, a physician shall review and countersign the order within 48 hours of its entry by the physician assistant; and
5. The following supervisory ratios are met:

i. In a private practice which is not hospital based or institutionally affiliated, no more than two physician assistants to one physician at any one time;

ii. In all other settings, no more than four physician assistants to one physician at any one time.

(c) Upon application to the Board, the Board may alter the supervisory ratios set forth in (b) above.

(d) A supervising physician may assign physician assistants under his or her supervision to a physician designee, who shall be responsible for the practice of the physician assistant during the assignment.

Amended by R.2000 d.349, effective August 21, 2000.  
See: 31 N.J.R. 2132(a), 32 N.J.R. 3174(a).

In (b)4ii, inserted an exception.

Amended by R.2005 d.120, effective April 18, 2005.  
See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

In (b), inserted "or physician designee" following "The supervising physician" in the introductory paragraph of 4; rewrote (d).

### 13:35-2B.11 Recordkeeping

(a) Licensees shall make contemporaneous, permanent entries into professional treatment records which shall accurately reflect the treatment or services rendered. To the extent applicable, professional treatment records shall reflect:

1. The dates and times of all treatments;
2. The patient complaint;
3. The history;
4. Findings on appropriate examination;
5. Any orders for tests or consultations and the results thereof;
6. Diagnosis or medical impression; and
7. Treatment ordered. If medications are ordered, the patient record shall include:
  - i. Specific dosages, quantities and strengths of medications;
  - ii. A statement indicating whether the medication order is written pursuant to protocol or specific physician direction. Acceptable abbreviations are "prt" for protocol and "spd" for specific physician direction;
  - iii. The physician assistant's full name, printed or stamped, and the license number; and
  - iv. The supervising physician's full name, printed or stamped.

(b) If the information required pursuant to (a)8iii and iv appears at least once in the patient record, it need not be repeated each time a medication order is entered in the patient record.

(c) The physician assistant shall sign each entry in the patient record and record the designation "PA-C" following his or her signature.

(d) To the extent a physician assistant is charged with independent responsibility for the provision of information used to prepare bills and claims forms, such information shall accurately reflect the treatment or services rendered.

Amended by R.2005 d.120, effective April 18, 2005.

See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

In (a), deleted former 5 and recodified former 6 through 8 as 5 through 7.

### 13:35-2B.12 Requirements for issuing prescriptions for medications; special requirements for issuance of CDS

(a) A physician assistant may issue prescriptions for medications only in accordance with the requirements contained in this section.

(b) A physician assistant shall provide the following on all prescription blanks:

1. The physician assistant's full name, professional identification ("PA-C"), license number, address and telephone number. This information shall be printed on all prescription blanks;
2. The supervising physician's full name, printed or stamped;
3. A statement indicating whether the prescription is written pursuant to protocol or specific physician direction. Acceptable abbreviations are "prt" for protocol and "spd" for specific physician direction;
4. The full name, age and address of the patient;
5. The date of issuance of the prescription;
6. The name, strength and quantity of drug or drugs to be dispensed and route of administration;
7. Adequate instruction for the patient. A direction of "p.r.n." or "as directed" alone shall be deemed an insufficient direction;
8. The number of refills permitted or time limit for refills, or both;
9. The signature of the prescriber, hand-written;
10. The words "substitution permissible" and "do not substitute" and shall contain space for the physician assistant's initials next to the chosen option, in addition to the space required for the signature required by (b)9 above; and
11. The physician assistant's Drug Enforcement Administration (DEA) registration number, if the physician assistant is authorized to issue CDS.

(c) A physician assistant may order or prescribe controlled dangerous substances (CDS) if:

1. A supervising physician has authorized a physician assistant to order or prescribe Schedule II, III, IV or V controlled dangerous substances in order to:

i. Continue or reissue an order or prescription for a controlled dangerous substance issued by the supervising physician;

ii. Adjust the dosage of an order or prescription for a controlled dangerous substance originally ordered or prescribed by the supervising physician, provided there is prior consultation with the supervising physician;

iii. Initiate an order or prescription for a controlled dangerous substance for a patient, provided there is prior consultation with the supervising physician if the order or prescription is not pursuant to iv below; or

iv. Initiate an order or prescription for a controlled dangerous substance as part of a treatment plan for a patient with a terminal illness, which for the purposes of this subparagraph means a medical condition that results in a patient's life expectancy being 12 months or less as determined by the supervising physician; and

2. The physician assistant has registered with and obtained authorization to order or prescribe controlled dangerous substances from the appropriate State and Federal agencies.

(d) Only one controlled dangerous substance shall appear on a prescription blank.

(e) Written prescriptions shall be issued only on New Jersey Prescription Blanks (NJPB), secured from an approved vendor and subject to the required security mandates of the prescription blank program pursuant to N.J.S.A. 45:14-14.

Amended by R.1999 d.356, effective October 18, 1999.

See: 31 N.J.R. 1742(a), 31 N.J.R. 3117(a).

In (a), deleted a former 1, and recodified former 2 and 3 as 1 and 2.

Amended by R.2005 d.120, effective April 18, 2005.

See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

In (a), added 3.

Amended by R.2008 d.135, effective June 2, 2008.

See: 39 N.J.R. 2201(a), 40 N.J.R. 3316(a).

Section was "Requirements for issuing prescriptions for medications; memorialization of verbal orders for CDS given by physicians". In the introductory paragraph of (a), inserted "for medications" and substituted "requirements contained in this section" for "following conditions."; added (b); recodified former (a)1 as the introductory paragraph of (c) and rewrote (c); deleted former (a)2 through (a)3; and added (d) and (e).

### 13:35-2B.13 Eligibility for temporary licensure

(a) An individual who has filed an application for licensure and is waiting to take the next scheduled examination administered by the National Commission on Certification of Physician Assistants (NCCPA) or awaiting the results of the examination may apply to the Board for a temporary license

to be employed under the direct supervision of a physician, as defined in N.J.A.C. 13:35-2B.2 and 2B.15.

(b) An applicant for temporary licensure shall submit to the Board, with the completed application form, the documents required pursuant to N.J.A.C. 13:35-2B.5, the required fee, and evidence that the applicant has filed an application for the NCCPA examination.

New Rule, R.1995 d.423, effective August 7, 1995.

See: 27 N.J.R. 1526(a), 27 N.J.R. 2959(a).

### 13:35-2B.14 Temporary licensure; scope of practice

(a) A temporary license holder who has complied with the practice requirements set forth in N.J.A.C. 13:35-2B.3 may perform all of the procedures within the scope of practice of a physician assistant, as set forth in N.J.A.C. 13:35-2B.4(a) and (b) and subject to the limitations therein, except that a temporary license holder shall not issue prescriptions. A temporary license holder may write orders for medication, treatment, or testing consistent with the provisions of N.J.A.C. 13:35-2B.15.

(b) A temporary license holder shall engage in practice only under the direct supervision of a physician pursuant to the provisions of N.J.A.C. 13:35-2B.15.

New Rule, R.1995 d.423, effective August 7, 1995.

See: 27 N.J.R. 1526(a), 27 N.J.R. 2959(a).

Amended by R.2005 d.120, effective April 18, 2005.

See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

In (a), added the last sentence.

### 13:35-2B.15 Supervision of temporary license holder

(a) A temporary license holder shall not render care unless the following conditions are met:

1. In any setting, the supervising physician, physician designee or a designated physician assistant:

i. Is continuously present on-site; and

ii. Countersigns, immediately after its entry in the chart, any order for medication, treatment, or testing written by the temporary license holder.

2. In the event that the countersignature in (a)1 above is that of a designated physician assistant, the supervising physician or physician designee, within the appropriate conditions set in N.J.A.C. 13:35-2B.10(b) 4, shall:

i. Personally review all charts and patient records and the temporary license holder's entry in the chart and record; and

ii. Countersign any order for medication, treatment, or testing written by the temporary licensee.

New Rule, R.1995 d.423, effective August 7, 1995.

See: 27 N.J.R. 1526(a), 27 N.J.R. 2959(a).

Amended by R.2005 d.120, effective April 18, 2005.

See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

Rewrote (a).

**13:35-2B.16 Expiration of temporary license; renewal**

(a) A temporary license shall expire 30 days after the temporary license holder has received notification of successful completion of the examination or immediately upon the applicant's receipt of notification of failure to pass the examination referenced in N.J.A.C. 13:35-2B.13(a).

(b) An applicant who fails an examination shall cease and desist from the performance of his or her duties.

(c) Except in extenuating circumstances such as the applicant's critical illness or incapacitation, a temporary license may not be renewed. An applicant seeking to renew based upon extenuating circumstances shall be required to present to the Board satisfactory documentation of the basis for the renewal request.

New Rule, R.1995 d.423, effective August 7, 1995.

See: 27 N.J.R. 1526(a), 27 N.J.R. 2959(a).

Amended by R.2005 d.120, effective April 18, 2005.

See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

In (a), inserted "referenced in N.J.A.C. 13:35-2B.13(a)" following "pass the examination".

**13:35-2B.17 Licensure; biennial license renewal; license suspension; reinstatement of suspended license; inactive status; return from inactive status**

(a) All licenses issued by the Board shall be issued for a two-year biennial licensure period. A licensee who seeks renewal of the license shall submit a renewal application and the renewal fee set forth in N.J.A.C. 13:35-6.13 prior to the expiration date of the license.

(b) The Board shall send a notice of renewal to each licensee at the address registered with the Board at least 60 days prior to the expiration of the license. If the notice to renew is not sent at least 60 days prior to the expiration date, no monetary penalties or fines shall apply to the holder for failure to renew.

(c) If a licensee does not renew the license prior to its expiration date, the licensee may renew the license within 30 days of its expiration by submitting a renewal application, a renewal fee and a late fee, as set forth in N.J.A.C. 13:35-6.13. During this 30-day period, the license shall be valid, and the licensee shall not be deemed to be practicing without a license.

(d) A license that is not renewed within 30 days of its expiration shall be automatically suspended. An individual who continues to practice with a suspended license shall be deemed to be engaged in unlicensed practice and shall be subject to the penalties prescribed by N.J.S.A. 45:9-22 for practicing without a license.

(e) A licensee whose license has been automatically suspended for five years or less for failure to renew pursuant to (d) above may be reinstated by the Board upon completion of the following:

1. Payment of the reinstatement fee and all past delinquent biennial renewal fees pursuant to N.J.A.C. 13:35-6.13;
2. Completion of the Board-approved continuing education units required for each biennial registration period for which the licensee was suspended; and
3. Submission of an affidavit of employment listing each job held during the period of suspended license which includes the name, address, and telephone number of each employer.

(f) In addition to the fulfilling the requirements set forth in (e) above, a licensee whose license has been automatically suspended for more than five years who wishes to return to practice shall reapply for licensure and shall demonstrate that he or she has maintained proficiency. An applicant who fails to demonstrate to the satisfaction of the Board that he or she has maintained proficiency while suspended may be subject to an examination or other requirements as determined by the Board prior to reinstatement of his or her license.

(g) Renewal applications shall provide the licensee with the option of either active or inactive status. A licensee electing inactive status shall pay the inactive license fee set forth in N.J.A.C. 13:35-6.13 and shall not engage in practice.

(h) A licensee who elected inactive status and has been on inactive status for five years or less may be reinstated by the Board upon completion of the following:

1. Payment of the reinstatement fee;
  2. The completion of the Board-approved continuing education units required for each biennial registration period for which the licensee was on inactive status; and
  3. Submission of an affidavit of employment listing each job held during the period the licensee was on inactive status which includes the name, address, and telephone number of each employer.
- (i) In addition to the fulfilling the requirements set forth in (h) above, a licensee who has been on inactive status for more than five years who wishes to return to the practice of medicine shall reapply for licensure and shall demonstrate that he or she has maintained proficiency. An applicant who fails to demonstrate to the satisfaction of the Board that he or she has maintained proficiency while on inactive status may be subject to an examination or other requirements as determined by the Board prior to reinstatement of his or her license.

New Rule, R.2000 d.397, effective October 2, 2000.

See: 31 N.J.R. 2449(a), 32 N.J.R. 3573(a).

Repeal and New Rule, R.2005 d.120, effective April 18, 2005.

See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

Section was "Reinstatement of lapsed license".

**13:35-2B.18 Sexual misconduct**

(a) The purpose of this section is to identify for physician assistants licensed by the State Board of Medical Examiners conduct which shall be deemed sexual misconduct.

(b) As used in this section, the following terms have the following meanings unless the context clearly indicates otherwise:

"Patient" means any person who is the recipient of a professional service rendered by a physician assistant relating to treatment.

"Patient-physician assistant relationship" means a relationship between a physician assistant and a patient wherein the licensee owes a continuing duty to the patient to render physician assistant services consistent with his or her training and experience.

"Sexual contact" means the knowing touching of a person's body directly or through clothing, where the circumstances surrounding the touching would be construed by a reasonable person to be motivated by the licensee's own prurient interest or for sexual arousal or gratification. "Sexual

contact" includes, but is not limited to, the imposition of a part of the licensee's body upon a part of the patient's body, sexual penetration, or the insertion or imposition of any object or any part of a licensee or patient's body into or near the genital, anal or other opening of the other person's body.

"Sexual harassment" means solicitation of any sexual act, physical advances, or verbal or non-verbal conduct that is sexual in nature, and which occurs in connection with a licensee's activities or role as a provider of physician assistant services, and that either: is unwelcome, is offensive to a reasonable person, or creates a hostile workplace environment, and the licensee knows, should know, or is told this; or is sufficiently severe or intense to be abusive to a reasonable person in that context. "Sexual harassment" may consist of a single extreme or severe act or of multiple acts and may include conduct of a licensee with a patient, co-worker, employee, student or supervisee whether or not such individual is in a subordinate position to the licensee. "Sexual harassment" may also include conduct of a nonsexual nature if it is based on the sex of an individual.

"Spouse" means either the husband or wife of the licensee or an individual involved in a long-term committed relationship with the licensee.

(c) A licensee shall not engage in sexual contact with a patient with whom he or she has a patient-physician assistant relationship. The patient-physician assistant relationship is ongoing for purposes of this section, unless:

1. Physician assistant services are actively terminated by way of written notice to the patient and is documented in the patient record; or
2. The last physician assistant services were rendered more than one year ago.

(d) A licensee shall not seek or solicit sexual contact with a patient with whom he or she has a patient-physician assistant relationship and shall not seek or solicit sexual contact with any person in exchange for professional services.

(e) A licensee shall not engage in any discussion of an intimate sexual nature with a patient, unless that discussion is related to legitimate patient needs. Such discussion shall not include disclosure by the licensee of his or her own sexual relationships.

(f) A licensee shall provide privacy and examination conditions which prevent the exposure of the unclothed body of the patient unless necessary to the professional services rendered.

(g) A licensee shall not engage in sexual harassment whether in a professional setting such as an office, hospital,

residence or health care facility, or outside of the professional setting.

(h) A licensee shall not engage in any other activity, such as, but not limited to, voyeurism or exposure of the genitalia of the licensee, which would lead a reasonable person to believe that the activity serves the licensee's personal prurient interest or is for the sexual arousal, the sexual gratification or the sexual abuse of the licensee or patient.

(i) Violation of any of the prohibitions or directives set forth in (c) through (h) above shall be deemed to constitute gross or repeated malpractice pursuant to N.J.S.A. 45:1-21(c) or (d) or professional misconduct pursuant to N.J.S.A. 45:1-21(e).

(j) Nothing in this section shall be construed to prevent a licensee from rendering physician assistant services to a spouse, as defined in (b) above, providing that the rendering of such physician assistant services is consistent with accepted standards of physician assistants and that the performance of physician assistant services is not utilized to exploit the patient spouse for the sexual arousal or sexual gratification of the licensee.

(k) It shall not be a defense to any action under this section that:

1. The patient solicited or consented to sexual contact with the licensee; or
2. The licensee is in love with or held affection for the patient.

New Rule, R.2000 d.456, effective November 20, 2000.  
See: 31 N.J.R. 3040(a), 32 N.J.R. 4122(a).