

North Dakota Board of Medicine
Physician Assistant Petition for a Board Approved Practice

Proposed Practice Location in North Dakota:

- City/Town: _____
- County: _____
- What is the location's [HPSA score](#): _____

For HPSA score between 10-14, please provide additional information and explanation on how and why the area has a need for the primary care practice. The Board will not consider an area of practice with a HPSA score of 9 or below for approval.

- Proposed practice type (family medicine, internal medicine, etc.): _____

Experience in your clinical practice:

- Years or hours of experience in this type of practice setting: _____
- Previous experience: _____
- Training related to this type of practice (courses, certifications, etc.): _____
- Are you or will you be credentialed at a nearby facility? _____
 - If yes, what facility: _____

Collaborating Physician Information

- Name of Collaborating Physician: _____
- Collaborating Physician ND License Number: _____
- Collaborating Physician Specialty Area and Board Certifications: _____

Attach the Collaboration Agreement to this Petition

The agreement must provide details on how collaboration will occur between the PA and Physician, the process for evaluation of the PA's practice, and the means by which the collaborating physician will be available to the PA. Please attach any further information about the proposed practice that you would like the Board to consider. Please email this form and supporting documentation to Beth Ripplinger at briplinger@ndbom.org.

Physician Assistant Signature

Date

Printed Name

ND License Number