

Information and Instruction for  
Continuing Education Certification Form

201 KAR 9:360 requires all physician assistants maintaining an active license to practice in the Commonwealth of Kentucky to obtain at least **100 hours** of continuing education within each two (2) year renewal period. The continuing education must be approved by the American Medical Association; American Osteopathic Association; American Academy of Family Physicians; American Academy of Physician Assistants; or another entity approved by the board.

As part of the minimum 100 hours within each two (2) year renewal period, if a physician assistant is authorized (or wishes to become authorized) to prescribe or administer controlled substances in the Commonwealth of Kentucky, he/she must complete at least seven and one-half (**7.5**) hours of board-approved continuing education relating to controlled substance diversion; pain management; addiction disorders; the use of KASPER; or any combination of the two (2) or more of these subjects. In addition, if the physician assistant is authorized to prescribe or administer Buprenorphine-Mono-Product or Buprenorphine-Combined-with-Naloxone in the Commonwealth of Kentucky, he/she must complete, a minimum of twelve (**12**) hours of board-approved continuing education relating to addiction medicine. Information on approved courses can be found on the Board's website.

Newly licensed physician assistants must complete at least one and a half (**1.5**) hours of continuing education regarding the recognition and prevention of pediatric abusive head trauma; at least one (**1**) hour of continuing education regarding the human immunodeficiency virus and acquired immunodeficiency syndrome within the first two (2) years of initial licensure. These hours shall also be counted toward the required 100 continuing education hours for the period in which completed.

You must certify that you have completed the required continuing education hours within each two (2) year renewal period. If you have not completed the required hours noted above, please complete the "**Request for Extension to Complete Required Continuing Education Hours.**" Failure to complete the extension request form, pay the extension fee and return it with your renewal application will result in a delay of your renewal application being processed.

**DO NOT SEND DOCUMENTATION OF CONTINUING EDUCATION HOURS UNLESS REQUESTED.** The board may require licensees submitting certification of continuing education to demonstrate satisfactory completion of the continuing education hours stated in the certification by providing verification documentation. If requested, you must provide verification within ten (10) days of receiving the request from the board.

**Continuing Education Certification**  
**For the Two (2) Year Renewal Period:**  
\_\_\_\_\_ through \_\_\_\_\_

(1) Have you completed at least 100 hours of continuing education within the last two (2) years?  Yes  No

(2) Are you authorized to prescribe or administer controlled substances in the Commonwealth of Kentucky?  
 Yes  No

If "yes," have you completed at least 7.5 hours of board-approved continuing education relating to controlled substance diversion; pain management; addiction disorders; the use of KASPER; or any combination of two (2) or more of these subjects within the last two (2) years?  Yes  No

(3) Are you authorized to prescribe or administer Buprenorphine-Mono-Product or Buprenorphine-Combined-with-Naloxone in the Commonwealth of Kentucky?  
 Yes  No

If "yes," have you completed at least 12 hours of board-approved continuing education relating to addiction medicine within the last two (2) years?  
 Yes  No

(4) Did you first become licensed to practice as a physician assistant in the Commonwealth of Kentucky within the last two (2) years?  Yes  No

If "yes," have you completed at least 1.5 hours of continuing education regarding the recognition and prevention of pediatric abusive head trauma and at least 1 hour of continuing education regarding the human immunodeficiency virus and acquired immunodeficiency syndrome since becoming licensed to practice in the Commonwealth of Kentucky?  
 Yes  No

I hereby certify that the above is true and accurate.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
PA License No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date