

Physician Assistant Jurisprudence Examination

The examination you take will be composed of 50 questions, randomly selected from the questions listed below. You will have 90 minutes to take the exam.

For purposes of the Physician Assistant Jurisprudence Examination:

- * The Physician Assistant Act is contained in Title 3, Chapter 204, Texas Occupations Code;
 - * "Board Rule" refers to the Rules of the Texas Medical Board, 22 Tex. Admin. Code Part 9;
 - * "Physician Assistant Board" or "Board" means the Texas Physician Assistant Board;
 - * "§" is an abbreviation for section, " §§" is the plural form;
 - * "physician assistant" means a person holding a Texas physician assistant license.
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Question: To be eligible to be licensed as a physician assistant, an applicant must meet several requirements. Which of the following is not a requirement for licensure?

- A Successful completion of an educational program for physician assistants or surgeon assistants accredited by the Accreditation Review Commission for the Education of Physician Assistants (ARC-PA) or by that committee's predecessor or successor entities;
- B Successful completion of a four year degree program at an accredited college or university;
- C Holding a certificate issued by the National Commission on Certification of Physician Assistants;
- D Being of good moral character;
- E Having passed a jurisprudence examination approved by the Physician Assistant Board.

Answer: Successful completion of a four year degree program at an accredited college or university is not a requirement for licensure.

References: 204.153, Occ. Code; Board Rule 185.4(a)

Question: Regarding eligibility to be licensed as a physician assistant, which of the following are true?

(1) there is a requirement that applicants pass the jurisprudence examination with a score of 75 or better within three attempts;

(2) an applicant who is unable to pass the jurisprudence examination within three attempts must appear before a committee of the Board to address the applicant's inability to pass the examination and to re-evaluate the applicant's eligibility for licensure;

(3) it is at the discretion of the committee to allow an applicant additional attempts to take the jurisprudence examination.

- A (1);
- B (1) and (2);
- C (1), (2) and (3);
- D (2) and (3);
- E None of the above.

Answer: All three are true.

References: Board Rule 185.4(a)(11)

Question: The state entity that issues physician assistant licenses to applicants who have met all requirements for this license is:

- A The Texas State Board of Medical Examiners;
- B The Texas Medical Board;
- C The Texas State Board of Physician Assistant Examiners;
- D The Texas Physician Assistant Board;
- E None of the above.

Answer: The state entity that issues physician assistant licenses to applicants who have met all requirements for this license is the Texas Physician Assistant Board.

References: 204.101(3), Occ. Code

Question: Regarding the membership of the Physician Assistant Board, which of the following are true?

- (1) the Board consists of nine members appointed by the governor with the advice and consent of the senate;
- (2) all members of the Board must be practicing physician assistants;
- (3) at least one member of the Board must be a physician who supervises physician assistants;
- (4) at least three members of the Board must be public members who are not licensed as either a physician or a physician assistant.

- A (1);
- B (1) and (2);
- C (2) and (4);
- D (1) and (3);
- E (1) and (4).

Answer: The Physician Assistant Board consists of nine members appointed by the governor with the advice and consent of the senate, and at least three members of the Board must be public members who are not licensed as either a physician or a physician assistant.

References: Act 204.052, Occ. Code

Question: A person may not practice as a physician assistant in Texas unless the person:

- A Is licensed as a physician assistant in Texas or is licensed as a physician in Texas or another state;
- B Is licensed as a physician in another state or a foreign country bordering the United States;
- C Is licensed as a physician assistant in Texas;
- D Is licensed as a physician assistant in Texas or is licensed as a physician assistant in another state with reciprocity with Texas;
- E None of the above.

Answer: A person may not practice as a physician assistant in Texas unless the person is licensed as a physician assistant in Texas.

References: 204.151, Occ. Code

Question: Which of the following are true? A person is not required to hold a Texas physician assistant license:
(1) to practice as a technician, assistant, or employee of a physician who performs delegated tasks but does not act as a physician assistant or represent that the person is a physician assistant;
(2) to practice as any other licensed health care worker acting within the scope of that person's license if the person does not use the title "physician assistant" or the initials "P.A." and is not otherwise represented or designated as a physician assistant.

- A (1);
- B (2);
- C (1) and (2);
- D Neither (1) or (2) is true.
- E

Answer: A person is not required to hold a physician assistant license: (1) to practice as a technician, assistant, or employee of a physician who performs delegated tasks but does not act as a physician assistant or represent that the person is a physician assistant, or (2) to practice as any other licensed health care worker acting within the scope of that person's license if the person does not use the title "physician assistant" or the initials "P.A." and is not otherwise represented or designated as a physician assistant.

References: 204.003, Occ. Code

Question: Physician assistants licensed under the Physician Assistant Act must register and pay a fee:

- A Biennially;
- B Semi-annually;
- C Annually on a staggered basis;
- D Annually by December 31;
- E None of the above.

Answer: Physician assistants licensed under the Physician Assistant Act must register and pay a fee annually on a staggered basis.

References: Board Rule 185.6(a), (f)

Question: Which of the following are required in order for a licensed physician assistant to renew his or her license?
(1) payment of the required fee;
(2) documentation that required CME has been completed;
(3) submission of the required form and other documents required by the Board.

- A (1);
- B (2);
- C (1) and (2);
- D (2) and(3);
- E (1), (2) and (3).

Answer: In order for a licensed physician assistant to renew his or her license he or she must pay the required fee, document that required CME has been completed, and submit the required form and other documents required by the Board.

References: Board Rule 185.6(a), (b)

Question: A physician assistant whose license has expired:

- A May continue practicing for up to 30 days after the expiration date of the license;
- B May not practice after the expiration date of the license;
- C May continue practicing if the physician assistant notifies the Board of his or her intention to renew the license within 30 days;
- D May not practice after a 15 day grace period for renewal;
- E None of the above.

Answer: A physician assistant whose license has expired may not practice after the expiration date of the license.

References: 204.156(c), Occ. Code; Board Rule 185.6(g)

Question: Which of the following are true? Practicing after the expiration date of a license and any grace period:

- (1) May subject the physician assistant to a written warning;
 - (2) May subject the physician assistant to disciplinary action by the Board;
 - (3) May subject the physician assistant to criminal penalties for practicing without a license.
- A (1);
 - B (2);
 - C (3);
 - D (2) and (3);
 - E (1), (2) and (3).

Answer: Practicing after the expiration date of a license and any grace period may subject the physician assistant to disciplinary action by the Board and may subject the physician assistant to criminal penalties for practicing without a license.

References: 204.156(c), 204.303(a)(3), Occ. Code; Board Rule 185.6(g)

Question: Which of the following are true? A person who is otherwise eligible to renew a license may:

- (1) renew an unexpired license by paying the required renewal fee before the expiration date of the license;
- (2) if the person's license has been expired for 90 days or less, renew the license by paying a fee in an amount equal to one and one-half times the required renewal fee;
- (3) if the person's license has been expired for longer than 90 days but less than one year, the person may renew the license by paying to the Medical Board a fee in an amount equal to two times the required renewal fee;
- (4) if the person's license has been expired for one year or longer, the person may not renew the license and it is automatically cancelled (unless an investigation is pending).

- A (1), (2) and (4);
- B (1), (3) and (4);
- C (1), (2), (3) and (4);
- D (2), (3) and (4);
- E (3) and (4).

Answer: For a person who is otherwise eligible to renew a license, all of the four choices are true.

References: 204.156, Occ. Code; Board Rule 185.5

Question: If a physician assistant's license has been cancelled solely for failure to renew within the specified time after its expiration date:

- A The physician assistant may obtain a new license by complying with the requirements and procedures for obtaining an original license;
- B The physician assistant may obtain a new license by complying with the requirements and procedures for renewal of a license;
- C The physician assistant may obtain a new license only after passing the jurisprudence examination, paying an additional fee and by complying with the requirements and procedures for renewal of a license;
- D The physician assistant may not obtain a new license in Texas after his or her license has been cancelled;
- E None of the above.

Answer: If a physician assistant's license has been cancelled solely for failure to renew within the specified time after its expiration date, the physician assistant may obtain a new license by complying with the requirements and procedures for obtaining an original license.

References: Board Rule 185.5, 185.9

Question: The amount of continuing medical education (CME) that must be completed and documented for renewal of the physician assistant license is:

- A 40 hours, at least 30 of which must be from formal courses that are designated for Category I credit by a CME sponsor approved by the American Academy of Physician Assistants;
- B 30 hours, at least 20 of which must be from formal courses that are designated for Category I credit by a CME sponsor approved by the American Academy of Physician Assistants;
- C 40 hours, at least 20 of which must be from formal courses that are designated for Category I credit by a CME sponsor approved by the American Academy of Physician Assistants;
- D 40 hours, with no requirement as to how many must be from formal courses that are designated for Category I credit by a CME sponsor approved by the American Academy of Physician Assistants;
- E None of the above.

Answer: The amount of continuing medical education (CME) that must be completed and documented for renewal of the physician assistant license is 40 hours, at least 20 of which must be from formal courses that are designated for Category I credit by a CME sponsor approved by the American Academy of Physician Assistants.

References: Board Rule 185.6(b)(1)

Question: Which of the following are reasons for which a physician assistant may be exempt, subject to approval by the licensure committee of the Board, from the annual minimum continuing medical education requirements?

- (1) catastrophic illness;
- (2) military service of at least 6 months in length;
- (3) residence of longer than one year outside of Texas,;
- (4) for good cause showing that the physician assistant is unable to comply with the requirements.

- A (1), (2) and (3);
- B (1), (3) and (4);
- C (2), (3) and (4);
- D (2) and (4);
- E (1), (2), (3) and (4).

Answer: A physician assistant may be exempt, subject to approval by the licensure committee of the Board, from the annual minimum continuing medical education requirements in case of catastrophic illness, military service of longer than one year, residence of longer than one year outside of Texas, or for good cause showing that the physician assistant is unable to comply with the requirements.

References: Board Rule 185.6(b)(3)

Question: Which of the following does not qualify as Category II continuing medical education (CME that is not required to meet the requirements for Category I credit)?

- A Attendance at hospital lectures;
- B Attendance at case conferences;
- C Providing volunteer medical services at the site where the physician assistant practices, if it is a site serving a medically underserved population;
- D Attendance at grand rounds;
- E Informal self-study.

Answer: Providing volunteer medical services at the site where the physician assistant practices, even if it is a site serving a medically underserved population, does not qualify as Category II continuing medical education.

References: Board Rule 185.6(b)(1)

Question: With respect to the supervision of a physician assistant by a physician, which of the following are true?
(1) a physician assistant may not have more than one supervising physician;
(2) a physician assistant may have more than one supervising physician;
(3) supervision of a physician assistant by a supervising physician need not be continuous if the period of discontinuity is less than one week and occurs no more than once per year.

- A (1);
- B (2);
- C (3);
- D (1) and (3);
- E (2) and (3).

Answer: A physician assistant may have more than one supervising physician.

References: 204.204, Occ. Code

Question: The supervision of a physician assistant:

- A Requires the constant physical presence of the supervising physician where physician assistant services are being performed;
- B Does not require the constant physical presence of the supervising physician, but if not present, the supervising physician must be easily available by radio, telephone, or another telecommunication device;
- C Requires the constant physical presence of the supervising physician if the physician assistant has been delegated the authority to prescribe dangerous drugs;
- D Does not require the constant physical presence of the supervising physician if the supervising physician oversees the activities of, and accepts responsibility for, medical services provided by the physician assistant;
- E None of the above.

Answer: The supervision of a physician assistant does not require the constant physical presence of the supervising physician where physician assistant services are being performed, but, if a supervising physician is not present, the supervising physician and the physician assistant must be, or must be able to easily be, in contact with one another by radio, telephone, or another telecommunication device.

References: 204.204, Occ. Code

Question: A physician who becomes a supervising physician:

- A Is responsible for supervising the physician assistant, but assumes no legal liability for the services rendered by the physician assistant;
- B If he or she complies with applicable provisions of the Physician Assistant Act, assumes no legal liability for the services rendered by the physician assistant;
- C If he or she complies with applicable provisions of the Physician Assistant Act, is responsible for supervising the physician assistant;
- D Assumes responsibility and legal liability for the services rendered by the physician assistant;
- E None of the above.

Answer: A physician who becomes a supervising physician assumes responsibility and legal liability for the services rendered by the physician assistant, but is not liable for an act of the PA solely because the physician signed an order or protocol authorizing the PA to provide, carry out, or sign a prescription drug order.

References: 204.204; 157.060, Occ. Code; Board Rule 185.2(17), 185.15, & 193.6(m)

Question: Which of the following physicians can be the supervising physician of a physician assistant?

- (1) a physician who has an active license and has never been disciplined by the Texas Medical Board;
- (2) a physician who has an active license but was disciplined (required to pay an administrative penalty of \$500) by the Texas Medical Board for failing to timely provide properly requested medical records to a patient;
- (3) a physician who has an active license but was disciplined (required to give up his schedule II and III prescribing authority) for prescribing controlled substances to several patients who exhibited drug-seeking behavior;
- (4) a physician who has an active license but was disciplined (required to give up his prescribing authority for all scheduled drugs) for prescribing controlled substances to several patients who exhibited drug-seeking behavior.

- A (1);
- B (1) and (2);
- C (1), (2), and (3);
- D (2), (3), and (4);
- E (1), (2), (3), and (4).

Answer: A physician who has an active license and has never been disciplined by the Texas Medical Board and a physician who has an active license but was disciplined (required to pay an administrative penalty of \$500) by the Texas Medical Board for failing to timely provide properly requested medical records to a patient can be supervising physicians.

References: 204.205, Occ. Code

Question: A supervising physician must:

- A Notify the Medical Board of the physician's intent to supervise a physician assistant;
- B Appear before a committee of the Medical Board to obtain approval of a request to supervise a physician assistant;
- C Notify the Physician Assistant Board of intent to supervise a physician assistant, and obtain Board approval;
- D Appear before a committee of the Physician Assistant Board to obtain approval of a request to supervise a physician assistant;
- E None of the above.

Answer: A supervising physician must notify the Medical Board of the physician's intent to supervise a physician assistant.

References: 204.205, Occ. Code; Board Rule 185.2(17), 185.15

Question: If a supervising physician will be unavailable to supervise the physician assistant as required by the Physician Assistant Act and Board rules:

- A The physician assistant must stop practicing and will not be able to resume practicing until the supervising physician is again available;
- B An alternate physician may provide the required supervision as provided by Board rules;
- C As long as there is a physician at the practice site, the supervising physician is not required to be available to supervise;
- D As long as the supervising physician will be available within a two-week period, the practice of the physician assistant is not affected;
- E None of the above.

Answer: If a supervising physician will be unavailable to supervise the physician assistant, an alternate physician may provide the required supervision as provided by Board rules.

References: Board Rule 185.13(d)

Question: Which of the following are required for an alternate physician to provide supervision of a physician assistant?

(1) the alternate physician must affirm in writing and document through a log where the physician assistant is located that he or she is familiar with the protocols or standing delegation orders in use and is accountable for adequately supervising care provided pursuant to those protocols or standing delegation orders;

(2) the log is kept with the protocols or standing orders and contains dates of the alternate physician supervision and is signed by the alternate physician acknowledging this responsibility;

(3) the physician assistant must verify that the alternate physician is a licensed Texas physician holding an unrestricted and active license;

(4) a physician assistant may not be supervised by an alternate physician, but must be supervised by his or her supervising physician.

- A (1);
- B (1) and (2);
- C (1) and (3);
- D (1), (2) and (3);
- E (4).

Answer: For an alternate physician to provide supervision of a physician assistant the following are required: (1) the alternate physician must affirm in writing and document through a log where the physician assistant is located that he or she is familiar with the protocols or standing delegation orders in use and is accountable for adequately supervising care provided pursuant to those protocols or standing delegation orders; (2) the log described in (1) is kept with the protocols or standing orders and contains dates of the alternate physician supervision and is signed by the alternate physician acknowledging this responsibility; (3) the physician assistant must verify that the alternate physician is a licensed Texas physician holding an unrestricted and active license.

References: Board Rule 185.2(3), 185.13(d)

Question: An alternate physician may provide supervision to a physician assistant:

- A For a period of up to seven days if both the alternate physician and the physician assistant comply with the requirements of the Physician Assistant Act and Board rules;
- B For a period of up to 14 days if both the alternate physician and the physician assistant comply with the requirements of the Physician Assistant Act and Board rule;
- C For a period of up to 30 days if both the alternate physician and the physician assistant comply with the requirements of the Physician Assistant Act and Board rules;
- D A physician assistant may not be supervised by an alternate physician, but must be supervised by his or her supervising physician;
- E None of the above.

Answer: An alternate physician may provide supervision to a physician assistant if both the alternate physician and the physician assistant comply with the requirements of the Physician Assistant Act and Board rules, then for a period of up to 14 days.

References: Board Rule 185.2(3)

Question: Before beginning practice, each physician assistant licensed by the state must notify the Physician Assistant Board. The notice is sufficient:

- A If it specifies the physician assistant's business address and phone number;
- B If it specifies business address and phone number of both the physician assistant and the supervising physician;
- C Only if it is on the form prescribed by the National Association of Physician Assistants and provides the information requested by that form;
- D Only if it is on the form prescribed by the Physician Assistant Board and provides the information requested by that form;
- E None of the above.

Answer: The notice is sufficient only if it is on the form prescribed by the Physician Assistant Board and provides the information requested by that form.

References: Board Rule 185.13

Question: A physician assistant shall notify the Board of changes regarding his or her supervising physician:

- A At each renewal of his or her license;
- B Not later than the 30th day after the date any change or addition occurs;
- C Within a reasonable time after the date any change or addition occurs;
- D If the change results in the physician assistant having no supervising physician;
- E None of the above.

Answer: A physician assistant shall notify the Board of any change in, or addition to, the person acting as his or her supervising physician not later than the 30th day after the date the change or addition occurs.

References: 204.201, Occ. Code

Question: A physician assistant shall inform the Board of address changes:

- A Within two weeks of the effective date of the address change;
- B At least two weeks before the effective date of the address change;
- C Within 30 days of the effective date of the address change;
- D Within a reasonable time after the effective date of the address change;
- E None of the above.

Answer: A physician assistant shall inform the Board of address changes within two weeks of the effective date of the address change.

References: Board Rule 185.6(h)

Question: The scope of practice of a physician assistant includes providing:

- A All medical services that are within the education, training, and experience of the physician assistant;
- B All medical services that are delegated by a supervising physician that are within the education, training, and experience of the physician assistant;
- C All medical services that are delegated by a supervising physician;
- D All "medically necessary" services that are delegated by a supervising physician;
- E None of the above.

Answer: The scope of practice of a physician assistant includes providing all medical services that are delegated by a supervising physician that are within the education, training, and experience of the physician assistant.

References: 204.202

Question: Medical services provided by a physician assistant may, if within the scope of practice of the physician assistant, include all of the following, except:

- A Ordering or performing diagnostic and therapeutic procedures;
- B Formulating a working diagnosis;
- C Prescribing a controlled substance (scheduled drug) for a period of up to 60(120) days;
- D Assisting at surgery;
- E Developing and implementing a treatment plan.

Answer: A physician assistant may only prescribe a Schedule III, IV, or V controlled substance, and then only for a period of up to 30 (90) days.

References: 204.202 and 157.0511(b), Occ. Code

Question: Medical services provided by a physician assistant may, if within the scope of practice of the physician assistant, include all of the following, except:

- A Distributing pharmaceutical sample prescription medications to patients in a specific practice setting in which the physician assistant is authorized to prescribe pharmaceutical medications and sign prescription drug orders;
- B Exercising independent medical judgment;
- C Monitoring the effectiveness of therapeutic interventions;
- D Making appropriate referrals;
- E Prescribing scheduled drugs (Schedules III, IV and V) if authorized by protocol or standing order.

Answer: Medical services provided by a physician assistant may not include exercising independent medical judgment.

References: 204.202 and 157.0511(b), Occ. Code; Board Rule 193.6(a)

Question: Except for prescribing medications, medical services, if within the scope of practice of the physician assistant, may be performed by a physician assistant:

- A Only in a clinic, hospital, ambulatory surgical center, patient home, nursing home, or other institutional setting;
- B In any place authorized by a supervising physician;
- C Only in a clinic, hospital, ambulatory surgical center, patient home, nursing home, or other institutional setting, and only if authorized by a supervising physician;
- D Only in a clinic, hospital, ambulatory surgical center, and only if authorized by a supervising physician;
- E None of the above.

Answer: Medical services (other than prescribing medications) provided by a physician assistant may, if within the scope of practice of the physician assistant, be performed in any place authorized by a supervising physician.

References: 204.202(c), Occ. Code

Question: During a disaster under the state emergency management plan or a disaster declared by the governor or the United States government which of the following are true?

- (1) a physician assistant may perform medical tasks under the supervision of any physician who is also performing volunteer work in the disaster;
- (2) a physician assistant may perform medical tasks without the supervision of a physician:
 - (2a) if a physician is not available to provide supervision;
 - (2b) only if the medical tasks performed by the physician assistant are within the scope of tasks assigned to the physician assistant during his or her regular work hours;
 - (2c) only if the medical tasks performed by the physician assistant are not performed for compensation or other remuneration.

- A (1) and (2a);
- B (2a) and (2b);
- C (1), (2a), and (2b);
- D (1), (2a), and (2c);
- E (1), (2a), (2b), and (2c).

Answer: During a disaster under the state emergency management plan or a disaster declared by the governor or the United States government, a physician assistant may perform medical tasks under the supervision of any physician who is also performing volunteer work in the disaster, or without the supervision of a physician, if a physician is not available to provide supervision, but only if the medical tasks performed by the physician assistant are not performed for compensation or other remuneration.

References: 204.2045, Occ. Code

Question: A "dangerous drug" includes:

- A Only drugs classified as controlled substances by federal or state law;
- B All drugs that may only be dispensed by prescription under federal or state law;
- C All drugs, other than controlled substances, that may only be dispensed by prescription under federal or state law;
- D All drugs that have addictive potential or potential for abuse;
- E None of the above.

Answer: A dangerous drug includes all drugs, other than controlled substances, that may only be dispensed by prescription under federal or state law.

References: 483.001, Health & Safety Code

Question: A physician, by following the procedures and in the circumstances prescribed by law, may delegate to a physician assistant the authority to prescribe which of the following?

- A Controlled substances listed in Schedules II, III and IV;
- B Dangerous drugs, excluding those with addictive potential or potential for abuse;
- C Controlled substances, excluding those with addictive potential or potential for abuse;
- D Dangerous drugs and controlled substances listed in Schedules III, IV and V;
- E None of the above.

Answer: A physician, by following the procedures and in the circumstances prescribed by law, may delegate to a physician assistant the authority to prescribe dangerous drugs and controlled substances listed in Schedules III, IV and V.

References: 157.0511, Occ. Code

Question: The authority of a physician assistant, with appropriate delegation by a physician, to prescribe controlled substances in the authorized schedules is limited to prescriptions for a period not to exceed:

- A 30 days;
- B 45 days;
- C 60 days;
- D 90 days;
- E None of the above.

Answer: The authority of a physician assistant, with appropriate delegation by a physician, to prescribe controlled substances in the authorized schedules is limited to prescriptions for a period not to exceed 90 days.

References: 157.0511, Occ. Code

Question: A physician assistant may call in prescriptions to a pharmacy:

- A In his or her own name after consultation with the physician;
- B In his or her own name, but only dangerous drugs and only after consultation with the physician;
- C In his or her own name with appropriate delegation by a physician in accordance with a standing delegation order;
- D Only on behalf of the physician and after consultation with, and as directed by, the physician;
- E Only for those patients with whom the physician assistant has previously treated.

Answer: A physician assistant may call in prescriptions to a pharmacy only on behalf of the physician and after consultation with, and as directed by, the physician.

References: 157.051(2), Occ. Code

Question: The authority of a physician assistant, with appropriate delegation by a physician, to prescribe the scheduled controlled substances whose prescription may be delegated to a physician assistant is limited as follows:

- A With regard to refills, the refill may only be authorized after consultation with the delegating physician;
- B With regard to refills, only one refill for a period not to exceed 30 days may be authorized without consultation with the delegating physician;
- C With regard to a child of less than five years of age, the prescription may be made only after consultation with the delegating physician;
- D With regard to a child of less than three years of age, the prescription may be made only after consultation with the delegating physician;
- E None of the above.

Answer: The authority of a physician assistant: with regard to refills, the refill may only be authorized after consultation with the delegating physician.

References: 157.0511, Occ. Code

Question: The places a supervising physician may delegate to a physician assistant the authority to prescribe or supply medication include which of the following?

- A Any of the locations specified in the order or protocol under which the physician assistant practices;
- B The physician's primary practice site and the physician's alternate practice site;
- C Within a ten-mile radius of either the physician's primary practice site or alternate practice site, if specified in the order or protocol;
- D The practice site designated by the physician assistant as his or her practice site;
- E None of the above.

Answer: The places a supervising physician may delegate to a physician assistant the authority to prescribe or supply medication include the physician's primary practice site and the physician's alternate practice site.

References: 157.053, 157.0541, Occ. Code; Board Rule 185.11

Question: The places a supervising physician may delegate to a physician assistant the authority to prescribe or supply medication include which of the following?
(1) sites serving certain medically underserved populations as specified by law;
(2) sites serving exclusively chronic pain patients;
(3) a facility-based practice site, such as a hospital or nursing home, as specified by law.

- A (1);
- B (2);
- C (1) and (2);
- D (1) and (3);
- E (1), (2) and (3).

Answer: The places a supervising physician may delegate to a physician assistant the authority to prescribe or supply medication include sites serving certain medically underserved populations as specified by law and a facility-based practice site, such as a hospital or nursing home, as specified by law.

References: 157.052, 157.054, Occ. Code; Board Rule 185.11

Question: For purposes of delegating prescription authority, a physician's "primary site" includes which of the following?
(1) the practice location of a physician at which the physician spends the majority of the physician's time;
(2) a licensed hospital, a licensed long-term care facility, or a licensed adult care center where both the physician and the physician assistant are authorized to practice;
(3) the residence of an established patient;
(4) another location at which the physician is physically present with the physician assistant or advanced practice nurse.

- A (1) and (2);
- B (2) and (3);
- C (3) and (4);
- D (1), (3) and (4);
- E (1), (2), (3) and (4).

Answer: For purposes of delegating prescription authority, a physician's "primary site" includes the practice location of a physician at which the physician spends the majority of the physician's time; a licensed hospital, a licensed long-term care facility, or a licensed adult care center where both the physician and the physician assistant are authorized to practice; the residence of an established patient; another location at which the physician is physically present with the physician assistant or advanced practice nurse.

References: 157.053, Occ. Code

Question: To be a physician's "alternate site" for purposes of delegating prescription authority, a practice site must be:
(1) located within 100 miles of the physician's primary (residence or) practice site;
(2) located within 75 miles of the physician's (residence or) primary practice site;
(3) where services similar to the services provided at the delegating physician's primary practice site are provided.

- A (1);
- B (2);
- C (1) and (3);
- D (2) and (3);
- E None of the above.

Answer: To be a physician's "alternate site" for purposes of delegating prescription authority, a practice site must be located within 75 miles of the physician's primary (residence or) practice site and where services similar to the services provided at the delegating physician's primary practice site are provided.

References: 157.0541, Occ. Code; Board Rule 193.6(d)

Question: At a physician's primary practice site, which of the following are true? The physician may delegate prescribing authority to a physician assistant:
(1) only as authorized through a physician's order, a standing medical order, a standing delegation order or another order or protocol as defined by the Medical Board;
(2) only if the physician assistant is acting under adequate physician supervision by having the physician present at the site at all times that the physician assistant is authorized to prescribe;
(3) only if the physician assistant is acting under continuous physician supervision, but constant physical presence of the physician is not required;
(4) only as specifically authorized for each patient by the treating physician.

- A (1) and (2);
- B (1) and (3);
- C (1) and (4);
- D (1), (2) and (4);
- E (1), (3) and (4).

Answer: At a physician's primary practice site, the physician may delegate prescribing authority to a physician assistant only as authorized through a physician's order, a standing medical order, a standing delegation order or another order or protocol as defined by the Medical Board and only if the physician assistant is acting under continuous physician supervision, but constant physical presence of the physician is not required.

References: 157.053, Occ. Code

Question: Which of the following are true? At any authorized practice site, the physician may delegate prescribing authority to a physician assistant:

(1) as authorized through a physician's order, a standing medical order, a standing delegation order or another order or protocol as defined by the Medical Board;

(2) by a common understanding between the physician and the physician assistant of the scope of prescribing authority delegated to the physician assistant;

(3) but only if the physician assistant is acting under adequate physician supervision as prescribed by law for the particular practice site;

(4) but only if the physician has been the supervising physician for the physician assistant for no less than five years.

- A (1) and (3);
- B (2) and (4);
- C (1), (2) and (3);
- D (1), (3) and (4);
- E None of the above.

Answer: At any authorized practice site, the physician may delegate prescribing authority to a physician assistant as authorized through a physician's order, a standing medical order, a standing delegation order or another order or protocol as defined by the Medical Board, but only if the physician assistant is acting under adequate physician supervision as prescribed by law for the particular practice site.

References: 157.052, .053, .054, .0541, Occ. Code

Question: A physician's authority to delegate the carrying out or signing of a prescription drug order at the physician's primary practice site is limited to which of the following?

(1) a combined number of four physician assistants or advanced practice nurses or their full-time equivalents practicing at the physician's primary practice site or at an alternate practice site;

(2) a combined number of five physician assistants or advanced practice nurses or their full-time equivalents practicing at the physician's primary practice site or at an alternate practice site;

(3) the patients with whom the physician has established or will establish a physician-patient relationship.

- A (1);
- B (2);
- C (3);
- D (1) and (3);
- E (2) and (3).

Answer: Of the choices provided, a physician's authority to delegate prescriptive authority at the physician's primary practice site is limited to a combined number of four physician assistants or advanced practice nurses or their full-time equivalents practicing at the physician's primary practice site or at an alternate practice site and is limited to the patients with whom the physician has established or will establish a physician-patient relationship.

References: Board Rule 193.6(c)(4), (d)(4)

Question: A physician's authority to supervise a physician assistant (without regard to the physician's authority to delegate prescription authority) is limited to which of the following?

- A A combined number of three physician assistants or advanced practice nurses or their full-time equivalents practicing at the physician's primary practice site or at an alternate practice site;
- B A combined number of five physician assistants or advanced practice nurses or their full-time equivalents practicing at the physician's primary practice site or at an alternate practice site;
- C Except as otherwise provided Board rule for certain situations, up to five physician assistants, or their full-time equivalents;
- D Except as otherwise provided Board rule for certain situations, up to three physician assistants, or their full-time equivalents;
- E None of the above.

Answer: A physician's authority to supervise a physician assistant (when prescription authority has not been delegated) is limited to five physician assistants or their full-time equivalents, except as otherwise provided Board rule for certain situations.

References: Board Rule 185.16(a)

Question: How many supervising physicians may a physician assistant have at any one time?

- A One;
- B Two;
- C Three;
- D Five;
- E There is no limitation on the number of supervising physicians a physician assistant may have at any one time.

Answer: There is no limitation on the number of supervising physicians a physician assistant may have at any one time.

References: 204.204(a), Occ. Code

Question: With respect to physician supervision of the carrying out and signing of prescription drug orders at the physician's primary practice site, which of the following is true? The supervision:
(1) must conform to what a reasonable, prudent physician would find consistent with sound medical judgment;
(2) may vary with the education and experience of the particular physician assistant;
(3) may not vary with the education and experience of the particular physician assistant;

- A (1) and (2);
- B (1) and (3);
- C None of the above.
- D
- E

Answer: Supervision must conform to what a reasonable, prudent physician would find consistent with sound medical judgment and may vary with the education and experience of the particular physician assistant.

References: 157.055, Occ. Code; Board Rule 193.6(c)(3)

Question: Under which of the following is physician supervision adequate for purposes of delegating prescription authority at an alternate practice site? If the delegating physician:
(1) is on-site with the physician assistant at least 10 percent of the time;
(2) is on-site with the physician assistant at least 20 percent of the time;
(3) reviews at least 10 percent of the medical charts at the site;
(4) is available through direct telecommunication for consultation, patient referral, or assistance with a medical emergency.

- A (1) and (3);
- B (1) and (4);
- C (1), (3) and (4);
- D (2) and (3);
- E (2), (3) and (4).

Answer: Physician supervision is adequate for purposes of delegating prescription authority at an alternate practice site if the delegating physician is on-site with the physician assistant at least 10 percent of the time; reviews at least 10 percent of the medical charts at the site; and is available through direct telecommunication for consultation, patient referral, or assistance with a medical emergency.

References: 157.0541, Occ. Code; Board Rule 193.6(d)(3)

Question: Under which of the following is physician supervision adequate for purposes of delegating prescription authority at a site serving a medically underserved population?

- A If it meets the requirements for physician supervision at a primary practice site;
- B If it meets the requirements for physician supervision at an alternate practice site;
- C Only if it meets the specific requirements set out by law for such sites;
- D There is no separate site designation for a "site serving a medically underserved population;"
- E None of the above.

Answer: Physician supervision is adequate for purposes of delegating prescription authority at a site serving a medically underserved population only if it meets the specific requirements set out by law for such sites.

References: 157.052, Occ. Code; Board Rule 193.6(b)

Question: Under which of the following is physician supervision adequate for purposes of delegating prescription authority at a facility-based practice site?

- A If it meets the requirements for physician supervision at a primary practice site;
- B If it meets the requirements for physician supervision at an alternate practice site;
- C Only if it meets the specific requirements set out by law for such sites;
- D There are no separate legal provisions for delegating prescription authority for a facility-based practice site, including such sites as a hospital or long-term care facility;
- E None of the above.

Answer: Physician supervision is adequate for purposes of delegating prescription authority at a facility-based practice site only if it meets the specific requirements set out by law for such sites.

References: 157.054, Occ. Code; Board Rule 193.6(e)

Question: If a delegating physician will be unavailable to supervise the physician assistant as required by law, arrangements shall be made for another physician to provide that supervision on a temporary basis. With respect to the alternate or substitute physician, which of the following is not true?

- A The physician assistant is responsible for verifying that the alternate physician is a licensed Texas physician qualified to practice in the same or a similar specialty as the regular delegating physician;
- B The physician assistant is responsible for verifying that the alternate physician is a licensed Texas physician holding an unrestricted and active license;
- C The alternate physician providing that supervision must document, through a permanent record kept at the practice site of the physician assistant, that he or she is familiar with the protocols or standing delegation orders in use;
- D The alternate physician must document that he or she is accountable for adequately supervising prescriptive delegation provided pursuant to the protocols or standing delegation orders;
- E None of the above.

Answer: It is not true that the physician assistant is responsible for verifying that the alternate physician is a licensed Texas physician qualified to practice in the same or a similar specialty as the regular delegating physician.

References: Board Rule 193.6(g)

Question: Regarding the protocol that may be used to delegate prescriptive authority to a physician assistant, as described by Medical Board rules, which of the following are true? The protocol:

- (1) may authorize diagnosis of the patient's condition and treatment, but cannot authorize the exercise of independent medical judgment by the physician assistant;
- (2) may state the types or categories of medications that may be prescribed or the types or categories of medications that may not be prescribed by the physician assistant;
- (3) must be documented in writing and maintained as a permanent record;
- (4) does not change the fact that a physician assistant remains professionally responsible for acts performed under the scope and authority of his or her own license.

- A (1) and (2);
- B (1), (2) and (4);
- C (2), (3) and (4);
- D (1), (2), (3) and (4);
- E None of the above.

Answer: Regarding the protocol that may be used to delegate prescriptive authority to a physician assistant, as described by Medical Board rules, the protocol may authorize diagnosis of the patient's condition and treatment, but cannot authorize the exercise of independent medical judgment by the physician assistant; may state the types or categories of medications that may be prescribed or the types or categories of medications that may not be prescribed by the physician assistant; must be documented in writing and maintained as a permanent record; and does not change the fact that a physician assistant remains professionally responsible for acts performed under the scope and authority of his or her own license.

References: 157.055(2), Occ. Code; Board Rule 193.6(a), (f)

Question: A physician assistant shall:

- A Post his or her physician assistant license in a prominent place at the physician assistant's primary place of business;
- B Post his or her physician assistant license in a prominent place at the physician assistant's primary place of business and keep a legible photocopy of the license available for inspection at each practice location of the physician assistant;
- C Keep the physician assistant's license available for inspection at the physician assistant's primary place of business;
- D Keep the physician assistant's license in a secure place that may be accessed by the supervising physician during business hours;
- E None of the above.

Answer: A physician assistant shall keep the physician assistant's license available for inspection at the physician assistant's primary place of business.

References: 204.203, Occ. Code; Board Rule 185.12

Question: A physician assistant:

- A Shall, when engaged in the physician assistant's professional activities, wear a name tag;
- B Shall, when engaged in the physician assistant's professional activities, wear a name tag identifying him or her as a physician assistant;
- C Shall, when engaged in the physician assistant's professional activities, wear a white lab coat with a name tag identifying him or her as a physician assistant;
- D Need not wear a name tag;
- E None of the above.

Answer: A physician assistant shall, when engaged in the physician assistant's professional activities, wear a name tag identifying him or her as a physician assistant.

References: 204.203, Occ. Code; Board Rule 185.12

Question: Each physician assistant and the physician assistant's supervising physician are required to ensure which of the following?
(1) that the physician assistant's scope of function is identified;
(2) that delegation of medical tasks is appropriate to the physician assistant's level of competence;
(3) that the hours of practice of the physician assistant are posted at the practice site at least one week in advance.

- A (1);
- B (3);
- C (1) and (2);
- D (1) and (3);
- E (1), (2) and (3).

Answer: Each physician assistant and the physician assistant's supervising physician are required to ensure that the physician assistant's scope of function is identified and that delegation of medical tasks is appropriate to the physician assistant's level of competence.

References: 204.206, Occ. Code

Question: Each physician assistant and the physician assistant's supervising physician are required to ensure which of the following?
(1) that the hours of practice of the physician assistant are agreed to by the physician and the physician assistant, subject to emergencies or other designated situations;
(2) that the relationship between the physician assistant and the supervising physician and the access of the physician assistant to the supervising physician are defined;
(3) that a process is established for evaluating the physician assistant's performance.

- A (1);
- B (2);
- C (1) and (2);
- D (2) and (3);
- E (1), (2) and (3).

Answer: Each physician assistant and the physician assistant's supervising physician are required to ensure that the relationship between the physician assistant and the supervising physician and the access of the physician assistant to the supervising physician are defined and that a process is established for evaluating the physician assistant's performance.

References: 204.206, Occ. Code

Question: A physician assistant shall report relevant information to the Physician Assistant Board related to the acts of another physician assistant in this state:

- A If the information relates to the use of alcohol or dangerous drugs by the other physician assistant;
- B If the information relates to prescribing practices of the other physician assistant;
- C If the information relates to the quality of care given to patients by the other physician assistant;
- D If, in the physician assistant's opinion, the other physician assistant poses a continuing threat to the public welfare through practice as a physician assistant;
- E A physician assistant may report information as provided above, but is not under a duty or requirement to do so.

Answer: A physician assistant shall report relevant information to the Physician Assistant Board related to the acts of another physician assistant in this state if, in the physician assistant's opinion, the other physician assistant poses a continuing threat to the public welfare through practice as a physician assistant.

References: 204.208, Occ. Code

Question: With regard to patient billing, which of the following are true?

- A The physician assistant is responsible for the accuracy of billing by the physician assistant for any independent services;
- B The physician assistant may not independently bill patients for the services provided by the physician assistant except where provided by law;
- C The supervising physician remains responsible for the accuracy of billing of patients independently billed by the physician assistant;
- D The supervising physician and the physician assistant are both responsible for the accuracy of billing of patients independently billed by the physician assistant;
- E None of the above.

Answer: With regard to patient billing, the physician assistant may not independently bill patients for the services provided by the physician assistant except where provided by law.

References: Board Rule 185.16(b)

Question: In relation to a physician assistant's patient care activities, which of the following is true?
(1) the physician assistant is legally responsible for his or her patient care activities and the supervising physician is not legally responsible for these activities;
(2) each supervising physician retains legal responsibility for a physician assistant's patient care activities, including the provision of care and treatment to a patient in a health care facility;
(3) if a physician assistant is employed by an entity, including a health care facility, the entity shares the legal responsibility for the physician assistant's acts or omissions with the physician assistant's supervising physician.

- A (1);
- B (2);
- C (3);
- D (1) and (2);
- E (2) and (3).

Answer: In relation to a physician assistant's patient care activities, each supervising physician retains legal responsibility for a physician assistant's patient care activities, including the provision of care and treatment to a patient in a health care facility and if a physician assistant is employed by an entity, including a health care facility, the entity shares the legal responsibility for the physician assistant's acts or omissions with the physician assistant's supervising physician.

References: 204.207, Occ. Code

Question: The Physician Assistant Board may take action against a physician assistant who does which of the following?
(1) fraudulently or deceptively uses a license;
(2) falsely represents that the person is a physician;
(3) acts in an unprofessional or dishonorable manner that is likely to deceive, defraud, or injure the public.

- A (1);
- B (2);
- C (3);
- D (1) and (2);
- E (1), (2) and (3).

Answer: The Physician Assistant Board may take action against a physician assistant who fraudulently or deceptively uses a license; falsely represents that the person is a physician; or acts in an unprofessional or dishonorable manner that is likely to deceive, defraud, or injure the public.

References: 204.302, Occ. Code

Question: The Physician Assistant Board may take action against a physician assistant who is or does which of the following?
(1) is related in the second degree of consanguinity or affinity to a Board or staff member and does not report this to the Board;
(2) has a physical or mental condition, even if this condition does not affect his or her ability to practice as a physician assistant;
(3) acts in an unprofessional or dishonorable manner that is likely to deceive, defraud, or injure the public.

- A (1);
- B (2);
- C (3);
- D (1) and (2);
- E (1), (2) and (3).

Answer: The Physician Assistant Board may take action against a physician assistant who acts in an unprofessional or dishonorable manner that is likely to deceive, defraud, or injure the public.

References: 204.302, Occ. Code

Question: The Physician Assistant Board may take action against a physician assistant who is or does which of the following?
(1) is rude and inconsiderate in dealing with colleagues and co-workers;
(2) violates any state law;
(3) violates the Physician Assistant Act or any rule adopted under that Act;
(4) is fired from his or her position by his or her supervising physician.

- A (1);
- B (2);
- C (3);
- D (2) and (3);
- E (2), (3) and (4).

Answer: The Physician Assistant Board may take action against a physician assistant who violates the Physician Assistant Act or any rule adopted under that Act.

References: 204.302, Occ. Code

Question: The Physician Assistant Board may take action against a physician assistant who is or does which of the following?
(1) is fired from his or her position by his or her supervising physician;
(2) writes a false or fictitious prescription for a dangerous drug;
(3) has had disciplinary action taken by another state regarding practice as a physician assistant.

- A (1);
- B (2);
- C (1) and (2);
- D (2) and (3);
- E (1), (2) and (3).

Answer: The Physician Assistant Board may take action against a physician assistant who writes a false or fictitious prescription for a dangerous drug or has had disciplinary action taken by another state regarding practice as a physician assistant.

References: 204.302, Occ. Code; Board Rule 185.17

Question: The Physician Assistant Board may take action against a physician assistant who does which of the following?
(1) fraudulently alters a physician assistant license, certificate, or diploma; uses a physician assistant license, certificate, or diploma that has been fraudulently purchased, issued, or counterfeited or that has been materially altered;
(2) directly or indirectly aids or abets a person not licensed to practice as a physician assistant in practicing as a physician assistant;
(3) unlawfully advertises in a false, misleading, or deceptive manner.

- A (1);
- B (1) and (2);
- C (2) and (3);
- D (1), (2) and (3);
- E None of the above.

Answer: The Physician Assistant Board may take action against a physician assistant who fraudulently alters a physician assistant license, certificate, or diploma; uses a physician assistant license, certificate, or diploma that has been fraudulently purchased, issued, or counterfeited or that has been materially altered; directly or indirectly aids or abets a person not licensed to practice as a physician assistant in practicing as a physician assistant; or unlawfully advertises in a false, misleading, or deceptive manner.

References: 204.302, Occ. Code

Question: The Physician Assistant Board may take action against a physician assistant or an applicant for a physician assistant license who is or does which of the following?
(1) violates the Physician Assistant Act or a rule adopted under that act;
(2) is convicted of a felony, placed on deferred adjudication, or placed in a pretrial diversion program;
(3) violates state law if the violation is connected with practice as a physician assistant.

- A (1);
- B (3);
- C (1) and (3);
- D (2) and (3);
- E (1), (2) and (3).

Answer: The Physician Assistant Board may take action against a physician assistant or an applicant for a physician assistant license who violates the Physician Assistant Act or a rule adopted under that act; is convicted of a felony, placed on deferred adjudication, or placed in a pretrial diversion program; violates state law if the violation is connected with practice as a physician assistant.

References: 204.303, Occ. Code

Question: The Physician Assistant Board may take action against a physician assistant or an applicant for a physician assistant license who does which of the following?
(1) violates state law if the violation is connected with practice as a physician assistant;
(2) fails to keep complete and accurate records of the purchase and disposal of drugs as required by Chapter 483, Health and Safety Code, or any subsequent rules;
(3) represents that he or she is a physician;
(4) habitually uses drugs or intoxicating liqueurs to the extent that, in the opinion of the Board, the person cannot safely perform as a physician assistant.

- A (1) and (2);
- B (1), (2) and (3);
- C (1), (3) and (4);
- D (2), (3) and (4);
- E (1), (2), (3) and (4).

Answer: The Physician Assistant Board may take action against a physician assistant or an applicant for a physician assistant license who violates state law if the violation is connected with practice as a physician assistant; fails to keep complete and accurate records of the purchase and disposal of drugs as required by Chapter 483, Health and Safety Code, or any subsequent rules; represents that he or she is a physician; or habitually uses drugs or intoxicating liqueurs to the extent that, in the opinion of the Board, the person cannot safely perform as a physician assistant.

References: 204.303, Occ. Code; Board Rule 185.17

Question: The Physician Assistant Board may take action against a physician assistant or an applicant for a physician assistant license who has or has done which of the following?

(1) has a mental or physical condition that renders the person unable to safely perform as a physician assistant;

(2) has committed an act of moral turpitude;

(3) has failed to practice as a physician assistant in an acceptable manner consistent with public health and welfare;

(4) prescribes, dispenses, or administers a drug or treatment that is nontherapeutic in nature or nontherapeutic in the manner the drug or treatment is prescribed, dispensed, or administered.

- A (1) and (2);
- B (1), (2) and (3);
- C (1), (3) and (4);
- D (2), (3) and (4);
- E (1), (2), (3) and (4).

Answer: The Physician Assistant Board may take action against a physician assistant or an applicant for a physician assistant license who has a mental or physical condition that renders the person unable to safely perform as a physician assistant; has committed an act of moral turpitude; has failed to practice as a physician assistant in an acceptable manner consistent with public health and welfare; or prescribes, dispenses, or administers a drug or treatment that is nontherapeutic in nature or nontherapeutic in the manner the drug or treatment is prescribed, dispensed, or administered.

References: 204.304, Occ. Code; Board Rule 185.17

Question: The Physician Assistant Board may take action against a physician assistant who meets which of the following criteria?

(1) has had the person's license or other authorization to practice as a physician assistant suspended, revoked, or restricted or who has had other disciplinary action taken by another state regarding practice as a physician assistant;

(2) has repeated or recurring meritorious health care liability claims that in the opinion of the board evidence professional incompetence likely to harm the public;

(3) through his or her practice as a physician assistant sexually abuses or exploits another person;

(4) is removed or suspended or has disciplinary action taken by his or her peers in any professional association or society, or is being disciplined by a licensed hospital or medical staff of a hospital if that action, in the opinion of the Board, was based on unprofessional conduct or professional incompetence that was likely to harm the public.

- A (1) and (2);
- B (1), (2) and (3);
- C (1), (3) and (4);
- D (2), (3) and (4);
- E (1), (2), (3) and (4).

Answer: The Physician Assistant Board may take action against a physician assistant who has had the person's license or other authorization to practice as a physician assistant suspended, revoked, or restricted or who has had other disciplinary action taken by another state regarding practice as a physician assistant; has repeated or recurring meritorious health care liability claims that in the opinion of the board evidence professional incompetence likely to harm the public; through his practice as a physician assistant sexually abuses or exploits another person; or is removed or suspended or has disciplinary action taken by his peers in any professional association or society, or is being disciplined by a licensed hospital or medical staff of a hospital if that action, in the opinion of the board, was based on unprofessional conduct or professional incompetence that was likely to harm the public.

References: 204.304, Occ. Code; Board Rule 185.17

Question: If a physician assistant, or an applicant for a physician assistant license, is found to have committed an act that is subject to disciplinary action, the Physician Assistant Board may take which of the following actions?
(1) deny the person's application for a license or license renewal or revoke the person's license or other authorization;
(2) require the person to complete additional training;
(3) suspend, limit, or restrict the person's license;
(4) assess an administrative penalty.

- A (1) and (2);
- B (1), (2) and (3);
- C (1), (3) and (4);
- D (2), (3) and (4);
- E (1), (2), (3) and (4).

Answer: Physician Assistant Board may deny the person's application for a license or license renewal or revoke the person's license or other authorization; require the person to complete additional training; suspend, limit, or restrict the person's license; and/or assess an administrative penalty.

References: 204.301, Occ. Code

Question: If a physician assistant, or an applicant for a physician assistant license, is found to have committed an act that is subject to disciplinary action, the Physician Assistant Board may take which of the following actions?
(1) limit the practice of the physician assistant to one or more specified activities or exclude from the practice of the physician assistant one or more specified activities;
(2) require the person to submit to the care, counseling, or treatment of a health care practitioner designated by the Physician Assistant Board;
(3) order the person to perform public service;
(4) administer a public reprimand.

- A (1) and (2);
- B (1), (2) and (3);
- C (1), (3) and (4);
- D (2), (3) and (4);
- E (1), (2), (3) and (4).

Answer: The Physician Assistant Board may limit the practice of the physician assistant to one or more specified activities or exclude from the practice of the physician assistant one or more specified activities; require the person to submit to the care, counseling, or treatment of a health care practitioner designated by the physician assistant board; order the person to perform public service; and/or administer a public reprimand.

References: 204.301, Occ. Code

Question: The Board shall provide a physician assistant who is the subject of a formal complaint with access to all information in its possession subject to certain exceptions. The Board is not required to provide which of the following?

- (1) any information deemed to be too sensitive to be in the public domain;
- (2) Board investigative reports;
- (3) the identity of the complainant, if they are not going to testify at the hearing.

- A (1);
- B (1) and (2);
- C (2) and (3);
- D (1), (2) and (3);
- E None of the above.

Answer: The Board is not required to provide Board investigative reports or the identity of the complainant, if they are not going to testify at the hearing.

References: 204.252, Occ. Code

Question: A physician assistant has a duty to report relevant information to the Board related to the acts of another physician assistant in this state in which of the following situations?

- A He or she is aware that the physician assistant is of questionable moral character;
- B In his or her opinion, the physician assistant is monetarily defrauding the supervising physician through inaccurate billing records;
- C In his or her opinion, the physician assistant poses a continuing threat to the public welfare through practice as a physician assistant;
- D In his or her opinion, the physician assistant poses a continuing threat to the public welfare, unless his or her contract with the place of employment provides that such reports shall be made only to the clinic administrator or the supervising physician;
- E None of the above.

Answer: A physician assistant has a duty to report relevant information to the Board related to the acts of another physician assistant in this state if, in his or her opinion, the physician assistant poses a continuing threat to the public welfare through practice as a physician assistant.

References: Board Rule 185.23

Question: Which of the following is true regarding the disciplinary actions that may be taken by the Board against a physician assistant? The disciplinary action:

- A May be made effective immediately upon the receipt of a letter notifying the physician assistant that the Board has investigated a complaint and is taking the specified action;
- B May, if the Board possesses sufficient information, be made effective 20 days following a show-cause notice delivered to the physician assistant's last known address;
- C May, except in the special case of a temporary suspension, be taken only after an informal hearing before at least two members of the Board after due notice and with opportunity for the physician assistant to respond to the allegations;
- D May, if revocation is under consideration, be taken only after a hearing before at least three members of the Board after due notice and with opportunity for the physician assistant to respond to the allegations;
- E None of the above.

Answer: The disciplinary actions may, except in the special case of a temporary suspension, be taken only after an informal hearing before at least two members of the Board after due notice and with opportunity for the physician assistant to respond to the allegations.

References: 204.312, 204.313, and 204.314, Occ. Code

Question: The Board may impose an administrative penalty against a physician assistant who violates the Physician Assistant Act or a Board rule adopted under the Act. The amount of the penalty:

- A May not exceed \$1,000 per violation;
- B May not exceed, for all violations that are the subject of one investigation, a total of \$5,000;
- C May not exceed \$5,000 per violation and may not exceed a total of \$25,000;
- D May not exceed \$5,000 per violation, though each day a violation continues or occurs is considered a separate violation for purposes of imposing a penalty;
- E None of the above.

Answer: The amount of an administrative penalty may not exceed \$5,000 per violation, though each day a violation continues or occurs is considered a separate violation for purposes of imposing a penalty.

References: Board Rule 185.19

Question: The Board may temporarily suspend the license of a physician assistant:

- A If a disciplinary panel finds that the physician assistant would, by his or her continuation in practice, constitute a continuing threat to the public welfare, and if the physician assistant received 30 days notice of the hearing;
- B Only if the physician assistant agrees to an order of voluntary suspension after a hearing before a disciplinary panel appointed by the presiding officer of the Board;
- C Only if the physician assistant has committed a felony related to his or her practice or has caused patient harm;
- D Immediately, if a disciplinary panel appointed by the presiding officer of the Board finds that the physician assistant would, by his or her continuation in practice, constitute a continuing threat to the public welfare;
- E None of the above.

Answer: The Board may temporarily suspend the license of a physician assistant immediately, if a disciplinary panel appointed by the presiding officer of the Board finds that the physician assistant would, by his or her continuation in practice, constitute a continuing threat to the public welfare.

References: 204.311, Occ. Code

Question: In addition to or in place of an administrative penalty imposed by the Board against a physician assistant who violates the Physician Assistant Act or a Board rule adopted under the Act, the Board may:

- A Order the physician assistant to pay a refund to a patient in an amount not to exceed the amount the patient paid for the service provided;
- B Order the physician assistant to pay a refund to a patient in an amount not to exceed twice the amount the patient paid for the service provided;
- C Order the physician assistant to pay a refund to a patient in an amount not to exceed three times the amount the patient paid for the service provided;
- D The Board may not order a physician assistant to refund money to a patient;
- E None of the above.

Answer: The Board may order the physician assistant to pay a refund to a patient in an amount not to exceed the amount the patient paid for the service provided.

References: 204.316, Occ. Code

Question: A person working in a physician's office may be called a physician assistant only if:

- A That is the official job title assigned to his or her position by the physician;
- B He or she has completed the equivalent of two years of medical training and are working in the office of a physician under the physician's direct and constant supervision;
- C He or she holds a physician assistant license issued by the Texas Physician Assistant Board;
- D He or she has a medical license from another state or country, or a suspended medical license from Texas;
- E None of the above.

Answer: A person working in a physician's office may be called a physician assistant only if he or she holds a physician assistant license issued by the Physician Assistant Board.

References: 204.352, Occ. Code

Question: If a person holds himself or herself out as a physician assistant, acts as a physician assistant or uses some combination or abbreviation of the term "physician assistant" without meeting the legal requirements for the use of that term, which of the following are true? The person:

- (1) may be subject to discipline by the Board of Nurse Examiners if he or she has a nursing license;
- (2) commits a misdemeanor punishable by a fine;
- (3) commits a felony of the third degree.

- A (1);
- B (1) and (2);
- C (1) and (3);
- D (1), (2) and (3);
- E None of the above.

Answer: If a person holds himself or herself out as a physician assistant, acts as a physician assistant or uses some combination or abbreviation of the term "physician assistant" without meeting the legal requirements for the use of that term, may be subject to discipline by the Board of Nurse Examiners if he or she has a nursing license and commits a felony of the third degree.

References: 204.352, Occ. Code

Question: In determining whether a physician assistant has committed an act subject to disciplinary action, the Board will do which of the following?
(1) the Board will conduct a preliminary investigation of a complaint filed with the Board;
(2) on completion of the preliminary investigation, the Board will determine whether to officially proceed on the complaint;
(3) the Board will keep the complaint and the investigation file confidential.

- A (1);
- B (1) and (2);
- C (1) and (3);
- D (1), (2) and (3);
- E None of the above.

Answer: In determining whether a physician assistant has committed an act subject to disciplinary action, the Board will conduct a preliminary investigation of a complaint filed with the Board; on completion of the preliminary investigation, the Board will determine whether to officially proceed on the complaint; and the Board will keep the complaint and the investigation file confidential.

References: 204.2511 and 204.254, Occ. Code

Question: If, following an investigation, the Board determines to officially proceed on a complaint, which of the following are true?
(1) a panel consisting of at least two Board representatives will conduct an informal meeting or hearing, after giving the physician assistant at least 30 days notice, to consider whether an act subject to disciplinary action has been committed;
(2) the physician assistant will be allowed to be present at the hearing and to be heard, but will not be allowed to have an attorney or other representative at the hearing;
(3) both the physician assistant and the complainant will be provided an opportunity to be heard at the hearing;
(4) after the conclusion of the informal proceeding, the panel will attempt to mediate the disputed matters and make a recommendation regarding the disposition of the case without proceeding to a formal, contested case hearing.

- A (1) and (2);
- B (1), (2) and (3);
- C (1), (3) and (4);
- D (2), (3) and (4);
- E (1), (2), (3) and (4).

Answer: If, following an investigation, the Board determines to officially proceed on a complaint, a panel consisting of at least two Board representatives will conduct an informal meeting or hearing, after giving the physician assistant at least 30 days notice, to consider whether an act subject to disciplinary action has been committed; both the physician assistant and the complainant will be provided an opportunity to be heard at the hearing; and after the conclusion of the informal proceeding, the panel will attempt to mediate the disputed matters and make a recommendation regarding the disposition of the case without proceeding to a formal, contested case hearing.

References: 204.312, Occ. Code

Question: A physician assistant who has cause to believe that a resident of a nursing home or similar institution has been or may be adversely affected by abuse or neglect:

- A Has a moral duty, but no legal duty, to report this information;
- B If he or she works at the nursing home, has a duty to report the information to the owners or administrators of the home, but has no further duty to report after this;
- C Has a duty to report the information immediately to the Department of Health Services or a state or local law enforcement agency, though there are no legal sanctions for failing to so report;
- D Has a duty to report the information immediately to the Department of Health Services or a state or local law enforcement agency and may be subject to a criminal penalty for failing to so report;
- E None of the above.

Answer: A physician assistant who has cause to believe that a resident of a nursing home or similar institution has been or may be adversely affected by abuse or neglect has a duty to report the information immediately to the Department of Health Services or a state or local law enforcement agency and may be subject to a criminal penalty for failing to so report.

References: 242.122, 242.125 and 242.131 Health & Safety Code

Question: A physician assistant who treats a person for injuries that he or she has reason to believe were caused by family violence is required to do which of the following?

- (1) counsel the person on ways to avoid provoking violence;
- (2) advise the patient that you are going to report the injury to the police;
- (3) immediately provide the person with information regarding the nearest family violence shelter and document this in the person's medical record;
- (4) document in the person's medical record the reasons for the belief the person's injuries were caused by family violence and provide to the person the notice, in the form specified in the Texas Family Code, regarding their rights and how they may be protected from family violence.

- A (1) and (2);
- B (3) and (4);
- C (1), (3) and (4);
- D (2), (3) and (4);
- E (1), (2), (3) and (4).

Answer: A physician assistant who treats a person for injuries that he or she has reason to believe were caused by family violence is required to immediately provide the person with information regarding the nearest family violence shelter and document this in the person's medical record and document in the person's medical record the reasons for the belief the person's injuries were caused by family violence and provide to the person the notice, in the form specified in the Texas Family Code, regarding their rights and how they may be protected from family violence.

References: 91.003 Family Code

Question: If a physician assistant has cause to believe that a child has been abused or neglected or may be abused or neglected, which of the following is true?

- A The physician assistant must report not later than 48 hours after he or she first suspects that the child has been abused or neglected;
- B If the physician assistant knows that another person in his place of practice, such as a nurse or a medical assistant, is aware of the abuse or neglect, he or she may rely on that person to make a report;
- C The physician assistant may delegate to another responsible person the reporting of the abuse or neglect;
- D The physician assistant must report not later than 12 hours after he or she first suspects that the child has been abused or neglected;
- E None of the above.

Answer: If a physician assistant has cause to believe that a child has been abused or neglected or may be abused or neglected, the physician assistant must report not later than 48 hours after he or she first suspects that the child has been abused or neglected.

References: 261.101(b) Family Code

Question: Which of the following entities is not an appropriate place for a physician assistant to report suspected child abuse?

- A The Texas Physician Assistant Board;
- B The Texas Department of Family and Protective Services;
- C Any local or state law enforcement agency;
- D If the abuse or neglect occurred in a facility that is operated, licensed, certified or registered by a state agency, that agency;
- E None of the above.

Answer: The Physician Assistant Board is not an appropriate place for a physician assistant to report suspected child abuse.

References: 261.103 Family Code

Question: "Abuse" of a child, as defined by law, includes which of the following?

- (1) causing, permitting, encouraging, engaging in, or allowing the photographing, filming, or depicting of the child if the person knew or should have known that the resulting photograph, film, or depiction of the child is obscene or pornographic;
- (2) failure to make a reasonable effort to prevent an action by another person that results in physical injury that results in substantial harm to the child;
- (3) mental or emotional injury to a child that results in an observable and material impairment in the child's growth, development, or psychological functioning;
- (4) the current use by a person of a controlled substance in a manner or to the extent that the use results in physical, mental or emotional injury to a child.

- A (1) and (2);
- B (3) and (4);
- C (1), (3) and (4);
- D (2), (3) and (4);
- E (1), (2), (3) and (4).

Answer: "Abuse" of a child, as defined by law, includes causing, permitting, encouraging, engaging in, or allowing the photographing, filming, or depicting of the child if the person knew or should have known that the resulting photograph, film, or depiction of the child is obscene or pornographic; failure to make a reasonable effort to prevent an action by another person that results in physical injury that results in substantial harm to the child; mental or emotional injury to a child that results in an observable and material impairment in the child's growth, development, or psychological functioning; and the current use by a person of a controlled substance in a manner or to the extent that the use results in physical, mental or emotional injury to a child.

References: 261.001 Family Code

Question: Which of the following persons may not consent to medical treatment of a child when the person having the right to consent as provided by law cannot be contacted?

- A An adult brother or sister of the child;
- B A grandparent of the child;
- C A 16 year-old brother or sister of the child;
- D The school of the child, if the school has valid written authorization to consent;
- E An adult aunt or uncle of the child.

Answer: A minor brother or sister of the child may not consent to medical treatment of a child when the person having the right to consent as provided by law cannot be contacted.

References: 32.001 Family Code

Question: Which of the following persons may consent to medical treatment of a child when the person having the right to consent as provided by law cannot be contacted?

(1) an adult first cousin of the child;
(2) a peace officer who has lawfully taken custody of the child, if the peace officer has reasonable grounds to believe the child is in need of immediate medical treatment;
(3) an adult aunt or uncle of the child;
(4) an adult who has actual care, control, and possession of the child and has written authorization to consent from a person having the right to consent.

- A (1) and (2);
- B (3) and (4);
- C (1), (3) and (4);
- D (2), (3) and (4);
- E (1), (2), (3) and (4).

Answer: When the person having the right to consent as provided by law cannot be contacted, a peace officer who has lawfully taken custody of the child, if the peace officer has reasonable grounds to believe the child is in need of immediate medical treatment; an adult aunt or uncle of the child; or an adult who has actual care, control, and possession of the child and has written authorization to consent from a person having the right to consent may consent to medical treatment of a child.

References: 32.001 Family Code

Question: "Neglect" of a child, as defined by law, includes which of the following?

(1) the failure to seek, obtain, or follow through with medical care for a child, with the failure resulting in or presenting a substantial risk of death, disfigurement, or bodily injury or with the failure resulting in an observable and material impairment to the growth, development, or functioning of the child;
(2) the failure to provide a child with food, clothing, or shelter necessary to enable the child to participate in school and other functions and activities at a level equal to the average of other children in the lowest economic quartile;
(3) the failure to provide a child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding failure caused primarily by financial inability unless relief services had been offered and refused.

- A (1);
- B (1) and (2);
- C (1) and (3);
- D (2) and (3);
- E None of the above.

Answer: "Neglect" of a child, as defined by law, includes the failure to seek, obtain, or follow through with medical care for a child, with the failure resulting in or presenting a substantial risk of death, disfigurement, or bodily injury or with the failure resulting in an observable and material impairment to the growth, development, or functioning of the child and the failure to provide a child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding failure caused primarily by financial inability unless relief services had been offered and refused.

References: 261.001 Family Code

Question: If a person has cause to believe that an elderly person (65 years of age or older) or a disabled person is in a state of abuse, neglect, or exploitation, which of the following is true?

- A The person has a duty to report to the Texas Department of Family and Protective Services only if the person is a physician;
- B The person has a duty to report to the Texas Department of Family and Protective Services only if the person is a physician assistant or an advanced practice nurse;
- C The person, without regard to any professional or medical training, has a duty to report to the Texas Department of Family and Protective Services;
- D The person, without regard to any professional or medical training, has a duty to report to the Texas Department of Aging and Disability Services;
- E None of the above.

Answer: If a person has cause to believe that an elderly person (65 years of age or older) or a disabled person is in a state of abuse, neglect, or exploitation, the person has a duty to report to the Texas Department of Family and Protective Services, without regard to any professional or medical training.

References: 48.051 Human Resources Code

Question: Given that a communication between a physician and a patient, relative to or in connection with any professional services as a physician to the patient, is confidential and privileged and may not be disclosed except in certain circumstances, which of the following is true regarding a record of the identity, diagnosis, evaluation, or treatment of a patient by a physician that is created or maintained by a physician? The record:

- A May be disclosed, with certain exceptions, by a physician assistant, because the privilege is only between the patient and the physician;
- B May not be disclosed by a physician assistant, with certain exceptions, as long as the physician assistant is contractually bound by an agreement with his or her supervising physician;
- C Is confidential and privileged by law, and may not be disclosed by a physician assistant;
- D Is confidential and privileged by law, and may not be disclosed by a physician assistant except to the extent that disclosure is consistent with the authorized purposes for which the information was obtained;
- E None of the above.

Answer: A record of the identity, diagnosis, evaluation, or treatment of a patient by a physician that is created or maintained by a physician is confidential and privileged by law, and may not be disclosed by a physician assistant except to the extent that disclosure is consistent with the authorized purposes for which the information was obtained.

References: 159.002, Occ. Code

Question: HIPAA is the acronym for a federal act relating to limitations on the use and disclosure of a patient's health information. HIPAA stands for:

- A Health Information Privacy and Accountability Act;
- B Health Insurance Privacy and Accountability Act;
- C Health Insurance Portability and Accountability Act;
- D It's not HIPAA, it's HIPPA, and it stands for Health Information Portability and Privacy Act;
- E None of the above.

Answer: HIPAA stands for Health Insurance Portability and Accountability Act.

References: Public Law 104-191, 104th Congress

Question: Under HIPAA, or HIPPA, which of the following is true? A patient's protected health information cannot be disclosed:

- A Without the patient's authorization, unless the information is more than five years old;
- B Without the patient's authorization;
- C Without the patient's authorization or the authorization of the patient's insurance company;
- D Without the patient's authorization, with limited exceptions for treatment, payment and health care operations;
- E None of the above.

Answer: A patient's protected health information cannot be disclosed without the patient's authorization, with limited exceptions for treatment, payment, and health care operations.

References: 45 Code of Federal Regulations 160

Question: If an adult patient in a hospital or nursing home is comatose, incapacitated, or otherwise mentally or physically incapable of communication, certain adults may act as a surrogate for the patient in order to give consent to medical treatment. Under state law, who of the following has the first priority for consenting to medical treatment, if available?

- A The patient's nearest living relative;
- B The patient's parents;
- C A member of the clergy identified to act for the patient;
- D A majority of the patient's children;
- E The patient's spouse.

Answer: If an adult patient in a hospital or nursing home is comatose, incapacitated, or otherwise mentally or physically incapable of communication, the patient's spouse has the first priority for consenting to medical treatment.

References: 313.004 Health & Safety Code

Question: Consent for emergency care of an individual is not required under which of the following situations?

- (1) the individual is unable to communicate because of an injury, accident, or illness or is unconscious, and is suffering from what reasonably appears to be a life-threatening injury or illness;
- (2) a court of record orders the treatment of an individual who is in an imminent emergency to prevent the individual's serious bodily injury or loss of life;
- (3) the individual is a minor who is suffering from what reasonably appears to be a life-threatening injury or illness and whose parents, managing or possessory conservator, or guardian is not present.

- A (1);
- B (1) and (2);
- C (1) and (3);
- D (1), (2) and (3);
- E None of the above.

Answer: Consent for emergency care of an individual is not required if the individual is unable to communicate because of an injury, accident, or illness or is unconscious, and is suffering from what reasonably appears to be a life-threatening injury or illness; if a court of record orders the treatment of an individual who is in an imminent emergency to prevent the individual's serious bodily injury or loss of life; or if the individual is a minor who is suffering from what reasonably appears to be a life-threatening injury or illness and whose parents, managing or possessory conservator, or guardian is not present.

References: 773.008 Health & Safety Code

Question: "Neglect" of an elderly person (age 65 and older) or a disabled person, as defined by law, includes which of the following?

- (1) failure of a caretaker to provide to the elderly or disabled person the goods or services, including medical services, that are necessary to avoid physical or emotional harm or pain;
- (2) failure of the elderly or disabled person to provide for him- or herself the goods or services, including medical services, that are necessary to avoid physical or emotional harm or pain;
- (3) failure of a caretaker to provide to the elderly or disabled person the goods or services, excluding medical services, that are necessary to avoid physical or emotional harm or pain.

- A (1);
- B (1) and (2);
- C (1) and (3);
- D (1), (2) and (3);
- E None of the above.

Answer: "Neglect" of an elderly person (age 65 and older) or a disabled person, as defined by law, includes the failure of a caretaker to provide to the elderly or disabled person the goods or services, including medical services, that are necessary to avoid physical or emotional harm or pain and the failure of the elderly or disabled person to provide for him- or herself the goods or services, including medical services, that are necessary to avoid physical or emotional harm or pain.

References: 48.002 Human Resources Code

Question: Using the resources of an elderly person (age 65 and older) or disabled person, as defined by law, for monetary or personal benefit, profit, or gain constitutes "exploitation" if which of the following are true?

- (1) if the person using the resources of the elderly or disabled person has received benefits, profits or gains that are more than "insignificant" as determined by a court of law;
- (2) if the person using the resources of the elderly or disabled person is the natural heir of the elderly or disabled person;
- (3) if the person using the resources of the elderly or disabled person is a caretaker, family member or other individual who has an ongoing relationship with the elderly or disabled person;
- (4) if the person using the resources did not obtain the informed consent of the elderly or disabled person.

- A (1) and (2);
- B (3) and (4);
- C (1), (3) and (4);
- D (2), (3) and (4);
- E (1), (2), (3) and (4).

Answer: Using the resources of an elderly person (age 65 and older) or disabled person, as defined by law, for monetary or personal benefit, profit, or gain constitutes "exploitation" if if the person using the resources of the elderly or disabled person is a caretaker, family member or other individual who has an ongoing relationship with the elderly or disabled person or if the person using the resources did not obtain the informed consent of the elderly or disabled person.

References: 48.002 Human Resources Code

Question: "Abuse" of an elderly person (age 65 and older) or a disabled person, as defined by law, includes which of the following?
(1) injury, unreasonable confinement, intimidation or cruel punishment inflicted on the elderly or disabled person by the person's caretaker;
(2) injury, unreasonable confinement, intimidation or cruel punishment inflicted on the elderly or disabled person by a family member or other individual who has an ongoing relationship with the person;
(3) sexual abuse of the elderly or disabled person, including any involuntary or nonconsensual sexual conduct, committed by the person's caretaker;
(4) sexual abuse of the elderly or disabled person, including any involuntary or nonconsensual sexual conduct, committed by a family member or other individual who has an ongoing relationship with the person.

- A (1) and (2);
- B (3) and (4);
- C (1), (3) and (4);
- D (2), (3) and (4);
- E (1), (2), (3) and (4).

Answer: "Abuse" of an elderly person (age 65 and older) or a disabled person, as defined by law, includes injury, unreasonable confinement, intimidation or cruel punishment inflicted on the elderly or disabled person by the person's caretaker; injury, unreasonable confinement, intimidation or cruel punishment inflicted on the elderly or disabled person by a family member or other individual who has an ongoing relationship with the person; sexual abuse of the elderly or disabled person, including any involuntary or nonconsensual sexual conduct, committed by the person's caretaker; and sexual abuse of the elderly or disabled person, including any involuntary or nonconsensual sexual conduct, committed by a family member or other individual who has an ongoing relationship with the person.

References: 48.002 Human Resources Code