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PROFESSIONAL AND VOCATIONAL LICENSING DIVISION
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April 20, 2015

PHYSICIAN ASSISTANTS – AMENDMENTS TO HAWAII ADMINISTRATIVE RULES (“HAR”) CHAPTER 16-85

Dear Hawaii-Licensed Physician Assistants:

Effective April 16, 2015, Hawaii Administrative Rules Chapter 16-85, were amended to allow physician assistants to prescribe Schedule II controlled substances in all practice settings under the supervision of a Hawaii-licensed physician. The rules were also amended to include osteopathic physicians pursuant to statutory revisions.

As such, all physician assistants shall update their Controlled Substance Registration (“Registration”) issued by the Department of Public Safety, Narcotics Enforcement Division (“NED”) by downloading the new PA Registration Form online at the NED website (<http://dps.hawaii.gov/about/divisions/law-enforcement-division/ned>) to add Schedule II controlled substance prescribing to your Registration after consultation with your supervising Hawaii-licensed physician.

If you have questions pertaining to your Registration, please contact the NED at (808) 837-8470, between the hours of 7:45 a.m. – 4:30 p.m.

If you have any questions regarding the amendments to HAR Chapter 16-85 or your physician assistant license, please feel free to contact the Hawaii Medical Board Office at (808) 586-2699, between the hours of 7:45 a.m. – 4:30 p.m.

Your anticipated cooperation in this matter is greatly appreciated.

**Attachment – NED Physician’s Assistant Application for
Controlled Substance**



LAW-0220
09/01
For State Use Only:

**NARCOTICS
ENFORCEMENT DIVISION**
State of Hawaii
Department of Public Safety
3375 Koapaka Street, #D100
Honolulu, HI 96819
Phone (808) 837-8470
Fax (808) 837-8474

Reg:
Exp:
Rec:

Initial

**PHYSICIAN'S
ASSISTANT
APPLICATION
FOR
CONTROLLED
SUBSTANCES**

(CHAPTER 329 HRS)

Print or type registrant's name and **HAWAII BUSINESS STREET ADDRESS**

Business Phone

Mailing Address if different from above: _____
Pager

PLEASE PRINT OR TYPE: Check if change of address

1. **REGISTRATION CLASSIFICATION:**
 PHYSICIAN'S ASSISTANT

2. **STATE OF HAWAII LICENSE NUMBER:**

(submit wallet size photocopy) Expiration Date

3. **FEDERAL DEA NUMBER: (renewals only)**

(submit CLEAR photocopy) Expiration Date

4. **ALL APPLICANTS MUST ANSWER THE FOLLOWING:**
Has the applicant, corporation, firm, partner or officer of the applicant been convicted of a felony or misdemeanor under state or federal law relating to the manufacture, distribution, dispensing, prescribing or possession of controlled substances?
 YES NO

Has any previous registration held by the applicant, corporation, firm, partner or officer of the applicant under the CSA been surrendered, revoked, suspended, denied or pending such action?
 YES NO

Date Physician's Assistant Signature

- Mail Complete Application with:**
1) Fee (see enclosed fee listing)
2) Copy of PA's State License & DEA Certificate
3) Copy of Supervising Physician's License & DEA Certificate

THIS SECTION TO BE FILLED OUT BY SUPERVISING PHYSICIAN:

I, _____, hereby certify that I am a physician licensed to practice medicine in the State of Hawaii and registered under Section 329-33, HRS. I understand and retain full professional and legal responsibility for the performance of the listed physician assistant in accordance with Chapter 329-1, HRS. My Hawaii State License and Federal DEA numbers are as shown below.

State License No. Expiration Date DEA No. Expiration Date
(submit CLEAR copy of Hawaii State License, wallet size, and Federal DEA Certificate)

- DRUG SCHEDULES:**
 SCHEDULE II - Narcotic
 SCHEDULE II - Non-Narcotic
 SCHEDULE III - Narcotic
 SCHEDULE III - Non-Narcotic
 SCHEDULE IV
 SCHEDULE V

- ACTIVITIES:**
 ADMINISTER
 PRESCRIBE
 DISPENSE

As the supervising physician or osteopathic physician supervising this subordinate physician assistant I retain full professional and legal responsibility for the performance of the physician assistant and delegate the authority to administer, prescribe and dispense the above listed scheduled drugs. Hawaii Administrative Rules Title 16, Chapter 85.

Date Supervising Physician's Signature Title/Specialty

**FILL OUT FORM COMPLETELY. INCOMPLETE FORMS WILL BE RETURNED.
ALL APPLICATIONS MUST BE RECEIVED IN OUR OFFICE BY EXPIRATION DATE OR A LATE FEE WILL BE CHARGED.**