FREE ARIZONA GUIDE · FOR PHOENIX AND ARIZONA PRACTICES HIRING

The Ortho PA Hiring Guide (Arizona, 2026)

For practice administrators and orthopaedic surgeons hiring physician assistants in Arizona: metro Phoenix (Phoenix, Scottsdale, Tempe, Mesa, Chandler, Gilbert, Glendale), Tucson and the rest of the state. By Anthony David Adams, FirstAssistPA. Current as of September 24, 2026.

By Anthony David Adams · Published September 24, 2026

IN SHORT

Since December 31, 2023, an Arizona PA with fewer than 8,000 Board-certified clinical hours must sign a supervision agreement before performing any task, and a supervising physician may supervise no more than six PAs working at the same time; once the Board certifies 8,000 hours, the PA practices collaboratively under the practice's written policies. Arizona joined the PA Licensure Compact in 2026, but privileges aren't projected before early 2027, so an out-of-state hire still needs an Arizona license, on a 120-day rule clock. The BLS median for Arizona PAs was $134,650 in May 2025, about 1% below the national median.

> **Disclaimer:** This guide is educational and is not legal or billing advice. Verify anything you act on with your healthcare counsel and certified coders.

Arizona rewrote its PA law at the end of 2023. A PA with fewer than 8,000 Board-certified clinical hours works under a supervision agreement. Once the Board certifies 8,000 hours, the PA no longer needs one, and your practice writes collaboration policies instead. The

supervision agreement isn't filed with the Board at all; it sits in your office. And under a 2026 law, every opioid or benzodiazepine prescription and refill needs a prescription-monitoring check first, with one exception that matters in ortho. This guide covers what the law allows, how to classify the role, how long each step takes, what to pay, and how to run the first 90 days. Every number and legal statement is footnoted to a primary source listed at the end.

1. What Arizona law allows in 2026

One board, and any physician can be the supervisor

Every Arizona PA is licensed by the Arizona Regulatory Board of Physician Assistants (ARBoPA), and "physician" covers both MDs and DOs.[1] The Arizona Medical Board's staff run ARBoPA.[2] So unlike some neighboring states, the surgeon's degree doesn't change which board you deal with.

Two tracks, split at 8,000 hours

HB 2043 was signed April 17, 2023 and took effect December 31, 2023.[4] It set up two ways for a PA to practice:[3]

	Under 8,000 certified hours	8,000+ hours, certified by the Board
Governing document	A signed **supervision agreement**, before any health care task[3]	The practice's written **collaboration policies**[11]
Who is responsible	The supervising physician, for "all aspects" of the PA's performance[13]	The PA is "legally responsible" for their own services[3]
Filed with the Board?	No. Kept at the practice's main location and produced on request[3]	No. Given to the Board on request[11]
Ratio	Six PAs working at the same time per supervising physician[13]	We found no ratio[13,11]

Two points hold on both tracks:

- **Scope is set by competence, not delegation.** A PA may provide any legal medical service they've been prepared for by education, training and experience and are competent to perform. The statute's list expressly includes **assisting in surgery** and **minor surgery**.[3] The Board's summary puts it plainly: tasks "are no longer required to be specifically delegated by a supervising physician."[5]
- **Supervision can be remote.** It "does not require the physical presence of the supervising physician," and can happen electronically.[3] We found no site-visit requirement in Arizona law.

A certified PA may still choose to work under a supervision agreement.[3]

How a PA gets to collaborative practice

- **The hours.** At least 8,000 hours of clinical practice in the last five years, or 8,000 in the last ten if at least 2,000 came in the last three years and the PA holds current NCCPA certification.[6,7] Hours from other states can count.[3]
- **The proof.** Documentation goes to the Board directly from the employer's records custodian or someone with direct knowledge, and can come from several employers.[7] The Board's form has the custodian attest under penalty of perjury.[8] The Board counts call-backs, chart review, diagnostic reviews and referrals as clinical hours.[9]
- **The list.** The Board keeps a public list of certified PAs.[7] It had 494 names as of September 18, 2026.[10] **Check a candidate's name on that list before you treat them as a collaborating PA.** The rule requires you to verify their qualification and keep the evidence on file.[11]

What goes in writing

Supervision agreement (PAs under 8,000 hours):

- [ ] Signed, written or electronic, between the PA and a physician or the employer (a physician, group, private practice or licensed facility with at least one physician who can provide oversight).[1]
- [ ] The PA's scope of practice.[1]
- [ ] The PA's prescribing authority, stated separately for Schedule II/III, Schedule IV/V and prescription-only drugs.[12]
- [ ] Access to the supervising physician and a process for evaluating the PA's performance.[13]
- [ ] Signed **before** the PA's first clinic day or case, and kept at the main practice location.[3]

Collaboration policies (certified PAs):[11]

- [ ] The name or position of the physician responsible for oversight.
- [ ] The PA's name, license number and contact information.
- [ ] The level of collaboration expected, and how the PA reaches the overseeing physician.
- [ ] Practice setting, practice specialty, and any practice limitations.
- [ ] **If ortho is new to the PA:** the added training and oversight you'll provide, and a supervision agreement if you decide one is warranted. Document each step in the employment file.

The Board's December 2023 version of this rule required an annual signed review of the policies.[9] We couldn't find that requirement in the rule as amended in December 2024,[11] but a yearly review is good practice either way.

Ortho items to put in writing either way:

- **First and second assist.** The statute lists assisting in surgery.[3] Write down which cases the PA may assist on and how that's signed off.
- **Competence-based limits.** Because scope follows competence,[3] a written list of what the PA may do alone, and what needs a surgeon present, protects both of you.
- **Prescribing limits** (next sections).

Ratio: six PAs working at once

A supervising physician may not supervise more than six PAs "who work at the same time."[13] The cap counts simultaneous PAs, not the roster, and the statute names PAs only. The ratio carried over unchanged from before HB 2043.[4] We found no petition route, and no ratio for collaborating physicians or entities.

Chart review: no percentage required

Arizona sets no chart co-signature or percentage-review rule for PAs that we could find. The one review duty is this: a supervising physician must keep a system for **recording and reviewing every Schedule II or III prescription** the PA writes.[13] Build that log into your EHR reporting from day one.

Two billing cautions apply regardless of state law:

1. **Billing rules are separate from practice law.** For Medicare split/shared visits, AAPA lists a requirement that the physician sign and date the medical record.[28] Hospital bylaws and payers may add their own rules.
2. **Co-signing does not change who billed the service.** Having a physician co-sign a PA's chart does not let the PA's service be billed under the physician's name.[28]

Arizona law also lets a PA bill and receive direct payment.[14]

Hospital work

We didn't find an Arizona rule setting PA hospital-privilege requirements, or requiring the supervisor to hold privileges at the same hospital. Expect each hospital's bylaws to set its own rules. Ask each medical staff office what it requires for a supervised PA and for a collaborating PA, since a collaborating PA has an overseeing physician rather than a supervisor.[11]

Controlled substances

Arizona folds Schedule II/III approval into the license itself, then layers on supply caps.

- **The license includes Schedule II/III approval.**[16] The PA still needs their own DEA registration and must write controlled-substance prescriptions under it.[12] Federally, PAs register as "mid-level practitioners."[23] Prescribing certification requires 45 hours of pharmacology in the last three years or current NCCPA certification.[15]
- **CSPMP registration.** Any Arizona practitioner with a DEA registration must register with the Controlled Substances Prescription Monitoring Program.[35]
- **Supply caps for PAs.** 30 days for controlled substances that are opioids or benzodiazepines; 90 days for other controlled substances.[15] A Schedule III opioid or benzodiazepine can't be refilled without a physician's written consent. A Schedule IV or V drug can be prescribed no more than five times in six months per patient.[12]
- **Narrowing a PA's prescribing.** A supervising physician can file the Board's Prescribing Modification Form (for example, capping Schedule II/III at 14 days). The Board posts the change to the PA's profile.[17]
- **Initial opioid limits.** An initial Schedule II opioid prescription is capped at a 5-day supply, **or 14 days after a surgical procedure**.[18] "Initial" means no Schedule II opioid covered any of the past 60 days.[18] Traumatic injury (not including surgery) is exempt.[18]
- **90 MME cap.** A new Schedule II opioid prescription can't exceed 90 morphine milligram equivalents a day. Post-surgical prescriptions of 14 days or less, traumatic injuries and inpatient perioperative care are exempt. Going above 90 without an exemption requires a consult with a board-certified pain physician or the state opioid assistance line first, and anything above 90 requires a naloxone prescription.[19]
- **CSPMP checks before every script and refill.** Before prescribing a Schedule II to IV opioid or benzodiazepine, the prescriber must pull a 12-month CSPMP report, before the prescription and before any refill.[20] **HB 2434 (signed June 4, 2026) replaced the old "new course of treatment and quarterly" rule with this one.**[21]

- **The ortho exception.** No CSPMP check is needed for a prescription of **5 days or less** for an invasive procedure or one that causes acute pain.[20] So a 5-day post-op script skips the query, and a 6-to-14-day post-op script needs it. If the system is down, document the attempt.[20]
- **EHR integration.** EHR vendors serving Arizona practitioners must integrate with the CSPMP by December 31, 2026, and reviewing integrated data inside the EHR counts as compliance.[20,21] Ask your vendor where they stand.
- **Opioid CE.** DEA-registered Schedule II prescribers need 3 hours of opioid or addiction CE each renewal cycle, counted within the 40 required hours.[22]

Workers' compensation

We didn't find Arizona workers' comp statutes addressing PAs as treating providers. Check with the carrier or third-party administrator before routing workers' comp visits to a PA.

2. W-2 or 1099? Arizona's tests

Short answer: plan on W-2, and have employment counsel review any other structure. Arizona is friendlier to contractor arrangements than California or Nevada, but its safe harbors are narrow and they cover only state law.

- **Declaration of independent business status (A.R.S. 23-1601).** If the contractor signs the statutory declaration and the business acts consistently with it, there's a rebuttable presumption of contractor status for Arizona labor-law purposes. The contractor must acknowledge at least six of ten statements, such as: the business doesn't dictate methods, the contractor chooses the days and hours worked, there's no regular salary or minimum payment, and the contractor supplies all tools and equipment.[24]
- **Licensing supervision isn't counted as control.** For those labor-law purposes, supervision the business exercises to meet licensing or professional standards can't be used to find employment.[25] A required supervision agreement doesn't, by itself, make the PA an employee.
- **Workers' comp (A.R.S. 23-902).** If the business retains supervision or control and the work is "a part or process" of its business, the contractor counts as an employee for workers' comp. A separate written agreement can create a presumption, but it must state that the business doesn't pay an hourly rate or salary, doesn't provide tools, and doesn't dictate the time of performance.[26] The declaration above doesn't replace that agreement.[24]
- **Unemployment (A.R.S. 23-613.01).** There's a specific carve-out for a health care professional who contracts with a medical group or hospital, operates as a professional entity such as a PLLC, isn't paid wages and gets no employee benefits.[27]

Why a PA is hard to fit into the contractor box (our reading, not legal advice): an ortho PA sees your patients on your clinic and OR schedule, with your equipment. That runs against the declaration's statements about choosing hours and supplying tools, and seeing patients is "a part or process" of an ortho practice.[24,26] Federal tax and wage tests apply separately from all of this.

We didn't research Arizona's misclassification penalties, so we aren't printing a figure.

The structures that avoid the problem are:

1. **A W-2 employee of the practice**, including part-time or per-diem W-2.
2. **A W-2 employee of a staffing or locum agency** that bills the practice.

Medicare accepts any of these. It recognizes PAs as W-2 employees, leased employees or independent contractors, and has allowed direct payment to PAs since January 1, 2022.[28,29] One billing wrinkle: for incident-to billing, the PA must be a direct financial expense to the billing physician (W-2, leased employee or independent contractor) or share the same employer tax ID.[28]

Have employment counsel review your structure before you sign.

3. Realistic timelines for out-of-state hires

Arizona had 4,392 board-certified PAs at the end of 2025, 27th among states in PAs per 100,000 residents (57.6, just under the U.S. rate of 59).[30] Phoenix will often recruit from California, Colorado, Utah and the Midwest.

The compact isn't live yet

- **Arizona joined the PA Licensure Compact** through HB 2190, signed February 20, 2026. The compact lists July 24, 2026 as the effective date.[31,32]
- **But no state is issuing compact privileges yet.** The commission projects the first privileges in early 2027.[31] For now, an out-of-state PA needs a full Arizona license.
- **Universal recognition** gives an Arizona license to someone licensed in another state for at least a year and in good standing, but **only after they establish Arizona residency** (a lease with proof of payment, an Arizona driver's license, utilities and so on).[33] It helps a PA who has already moved. It doesn't help one still living out of state.
- **No temporary license.** We found no temporary or locum PA license in Arizona law. The only exception is for emergencies such as natural disasters.[52]

What the candidate must submit[34,35]

- [ ] **Application** with a sworn statement, including every state where they've been licensed and whether they've practiced continuously
- [ ] **NCCPA** certificate and exam score, sent directly by NCCPA
- [ ] **PA program certification form**, completed and sent by the program
- [ ] **License verifications** from every state ever held, sent directly (the Board accepts Veridoc)
- [ ] **Hospital affiliation and employment verifications for the last five years**, each on the hospital's letterhead or electronic equivalent[34]
- [ ] **Malpractice form** for any settlement or judgment in the last 10 years
- [ ] **Proof of legal status** (birth certificate or passport, plus immigration documents if applicable)
- [ ] **Fees:** $125 application, then a license fee of up to $370, prorated by birth month[36]

The checklists we read list no fingerprint step. Confirm with the Board.

If the candidate is under investigation in another state, the Board must pause the application until it's resolved.[34]

How long each step takes

Step	What the source says
Board's first look	Allow 15 days before calling for a status update.[35]
Administrative completeness review	30 days, starting when the Board receives the application. The clock stops while a deficiency notice is outstanding.[37]
Substantive review	90 days, starting when the Board sends notice that the application is complete.[37]
Overall rule time frame	120 days.[37] That's a legal maximum, not a promise. We found no published current processing times.
Five-year hospital and employment verifications	Depend on each prior employer. Ask the candidate to request these on day one.
DEA and CSPMP	DEA registration, then CSPMP registration.[12,35] We found no published turnaround.

Step	What the source says
Collaborative-practice certification (experienced PAs)	Separate Board application after licensure.[7,8] We found no published turnaround.
Hospital credentialing and privileges	One published study found 103 days for traditional credentialing (36 days with a faster proxy method).[51] That was telehealth credentialing in South Carolina, not Arizona ortho, so treat it as a rough reference. Ask each hospital's medical staff office.
Payer enrollment (Medicare, AHCCCS, commercial)	We found no reliable published figure. Plan for several months and ask each plan.

Practical moves that save time:

- Have the candidate request the five-year hospital and employment verifications, and every state verification, the week the offer is signed. Those third-party documents are usually the slow part.[35]
- The application lets the candidate authorize a prospective employer to receive status updates.[35] Ask them to name you.
- Draft the supervision agreement while the license is pending, so it can be signed the day the license issues.[3]
- If the PA has 8,000+ hours, ask their former employers' records custodians to send hours documentation to the Board early.[7,8]
- Recheck the compact's status before each hire. Once privileges start, the timeline could shorten a lot.[31]

Certification after hire

- **Renewal** is every two years, on or before the PA's birthday, with 40 hours of Category I CME.[38] **Current NCCPA certification satisfies the CME requirement.**[38] A license not renewed within 90 days after the birthday expires automatically.[38] Renewal is $370.[36]
- Keeping NCCPA certification means 100 CME credits every two years and passing PANRE or PANRE-LA by the end of the tenth year.[39] Medicare's PA qualifications include passing the NCCPA exam,[29] and hospital bylaws may require current certification.

4. What Arizona PAs are paid

Use government data as your anchor, then adjust for ortho, call and surgical skill.

Arizona, all PAs (BLS, May 2025)[40]

Measure	Value
Employment	3,750
Annual mean	$140,850
Annual median	$134,650
10th percentile	$106,030
25th percentile	$123,990
75th percentile	$156,500
90th percentile	$174,420
Hourly median	$64.73

Phoenix-Mesa-Chandler (BLS, May 2025)[41]

Measure	Value
Employment	3,050
Annual mean	$140,520
Annual median	$134,650
25th percentile	$124,120
75th percentile	$153,600
90th percentile	$173,920

Phoenix has about four of every five Arizona PA jobs in the BLS count (3,050 of 3,750).[40,41] Elsewhere in the state:[41]

Area	Employment	Median	Mean
Tucson	290	$129,880	$145,490

Area	Employment	Median	Mean
Prescott Valley-Prescott	120	$135,630	$138,590
Arizona nonmetropolitan area	80	$145,410	$151,150
Flagstaff	70	$135,600	$141,390

Smaller metros (Lake Havasu City-Kingman, Yuma) have samples too small to lean on.[41]

National comparisons

- The U.S. median for PAs was $135,880 (mean $141,280, 162,150 employed).[42] Arizona's median is about 1% below that (our calculation: $134,650 ÷ $135,880).
- **Recruiting from California:** California's median was $165,650, about 23% above Arizona's (our calculation: $165,650 ÷ $134,650).[43] A California PA will compare your offer to that figure, so be ready to talk about take-home pay and cost of living. Neighboring states sit close to Arizona: Nevada $134,660, Colorado $134,540, Utah $134,740.[40]
- Orthopaedic PAs nationally (NCCPA, 2025 data): mean income $139,968 and median $135,000 across all PA positions, up from $123,934 and $115,000 in 2021.[44] Among ortho PAs working 40+ hours a week, mean income was $134,571 for women and $152,258 for men.[44] Check your own offers for the same gap.
- AAPA reports a national PA median of $140,000 for 2025. Nearly 58% of full-time PAs received a bonus, with a median of $6,000.[45]

What we don't have: a verified Arizona-specific ortho PA pay figure. The NCCPA ortho numbers are national, and AAPA's specialty and state breakdowns are behind a paywall. Benchmarks vary; ask us for current market data.

For context on demand, BLS projects PA employment to grow 21% from 2025 to 2035, with about 11,500 openings a year nationally.[42]

5. Writing the job post

Candidates read a PA post looking for the facts that decide whether the job is livable. Give them those facts up front.

Include:

- [ ] **The actual split of the week.** Clinic days, OR days, and how many hours of each. "Ortho PA" can mean nearly all clinic or nearly all OR.

- [ ] **Subspecialty and case mix.** Joints, sports, spine, hand, trauma. Name the common cases.
- [ ] **First assist, stated plainly.** Whether it's expected, how much, and whether you'll train it.
- [ ] **Call.** Frequency, whether it's phone or in-house, and how it's paid. "Compensation for services performed outside normal duties" is a named source of APP dissatisfaction.[46]
- [ ] **Hospitals and ASCs.** Which ones, since each needs its own privileges.
- [ ] **Supervised or collaborative.** Whether you'll hire a PA under 8,000 hours (and who supervises), and whether a PA on the Board's collaborative list will work under your written policies.[3,10]
- [ ] **Pay range and bonus structure.** Anchor to the BLS figures above.
- [ ] **Licensing.** Whether you require an active Arizona license or will support an out-of-state candidate, and the realistic start date if so.
- [ ] **Onboarding and mentorship.** Say who they'll learn from and for how long. Structured mentorship is linked to better retention (see Section 7).
- [ ] **CME time and dollars.**
- [ ] **Patient load.** Nationally, ortho PAs working 40+ hours see a mean of 68 and median of 60 patients a week.[44] If yours is far above that, say so and explain the support.

A skeleton you can adapt:

> **Orthopaedic PA, Sports and Joints, Scottsdale** Three surgeons, two current PAs. Your week: 3 clinic days ([number] patients a day: post-ops, new injuries, injections) and 2 OR days as first assist on arthroscopy and joint replacement at [Hospital A] and [ASC B]. Call: 1 weekend in 6, phone call with occasional ED consults, paid at [rate]. Pay: [range] plus [bonus structure]. Arizona license required, or we'll support your application and plan a [month] start. New grads and PAs under 8,000 hours work under a supervision agreement with [Dr. X]; experienced PAs on the Board's collaborative list work under our written collaboration policy. Either way, you'll be paired with [Dr. X] for your first 90 days, with a set review at 30, 60 and 90 days.

6. Interviewing for OR first assist and trauma call

A résumé that says "first assist" can mean anything from holding retractors to closing independently. Find out which.

Hours first

Ask early: "Are you on the Board's collaborative-practice list, or close to 8,000 hours?"[6,10] The answer decides which document you'll sign and who carries legal responsibility.[3] If the PA is certified but new to ortho, the rule asks you to decide what added training and oversight they need, and whether a supervision agreement is warranted for a while.[11] That's a normal conversation to have in the interview.

First assist

Ask for specifics:

- "Walk me through your role on your last total knee, from positioning to dressing."
- "Which cases have you closed on your own? Which have you not?"
- "How many of [your common cases] did you assist on in the last year?" Ask for a case log if they keep one.
- "Which implant systems and arthroscopy towers have you used?"

Verify:

- Call a surgeon they assisted, not only a manager. Ask: "Would you let them close without you in the room?" and "What would you want them to work on?"
- Plan a proctored period. For supervised PAs, Arizona requires a set process for evaluating performance,[13] so write the first-assist sign-off process into it.
- Listen for honest limits. Arizona ties a PA's scope to what they're competent to perform,[3] so a candidate who can name what they're not ready for is easier to place safely.

Trauma and call

- "Describe a night on call where you had to decide whether to wake the surgeon. What did you decide?"
- "What reductions and splints are you comfortable doing without the surgeon present?"
- "What call schedule have you worked, and what would make call sustainable for you?"

Confirm logistics before the offer: which hospitals, which surgeon supervises or oversees at each, and response-time expectations. Nationally, 26.9% of ortho PAs report one or more burnout symptoms,[44] so call load is worth an honest conversation during the interview.

7. First 90 days: onboarding checklist

New PAs and NPs, interviewed about what good onboarding looks like, named these elements: building competence, EHR training, mentorship, orientation to how the organization works, a tailored ramp-up of the patient schedule, and clear expectations.[47] (That study was in primary care, but the list transfers.)

It pays off. In one program, structured mentorship raised first-year retention of new PAs and NPs from 85% to 96%, and second-year retention from 65% to 83%.[48] In a pediatric academic system, APP fellows reached productivity 4.2 months sooner than non-fellow hires, and turnover fell from 8.2% to 3.8%.[49]

Before day one

- [ ] Arizona license issued[34]
- [ ] **Either** a signed supervision agreement on file at the main practice location,[3] **or** the PA's name confirmed on the Board's collaborative list, the verification in the employment file, and signed collaboration policies naming the overseeing physician[10,11]
- [ ] Supervising physician within the six-PAs-at-once limit[13]
- [ ] Prescribing authority written into the agreement by schedule; Prescribing Modification Form filed if you're narrowing it[12,17]
- [ ] DEA registration and CSPMP registration in process[12,35]
- [ ] Hospital privileges in process at each facility, with the supervising or overseeing surgeon mapped for each
- [ ] Payer enrollment started (Medicare, AHCCCS, commercial)
- [ ] EHR, PACS and scheduling accounts requested; ask whether your EHR shows CSPMP data inline[20]
- [ ] Mentor assigned (a named surgeon, ideally with an experienced PA as a second contact)

Days 1 to 30: learn the system

- [ ] EHR training with templates and order sets for your common visits
- [ ] Shadow each surgeon in clinic and in the OR
- [ ] Walk through post-op opioid prescribing: the 14-day post-surgical limit, the 5-day CSPMP exemption, CSPMP checks before every other opioid or benzodiazepine script and refill, and the 30-day PA cap[15,18,20]
- [ ] Set up the Schedule II/III prescribing log the supervising physician must review[13]
- [ ] Reduced schedule: post-ops and simple follow-ups first

- [ ] Weekly check-in with the mentor
- [ ] Written 30/60/90-day expectations, agreed with the PA

Days 31 to 60: build the schedule

- [ ] Add new-problem visits and injections as competence is shown
- [ ] First-assist cases with the proctoring surgeon, graded sign-off by case type
- [ ] First review of the Schedule II/III log [13]
- [ ] Start tracking global-period post-op visits separately (for example with CPT 99024), since that work is otherwise hidden in the surgeon's global package [50]
- [ ] 60-day review: what's working, what support is missing

Days 61 to 90: settle in

- [ ] Full or near-full template
- [ ] Join the call schedule, starting with backup shifts
- [ ] Documented performance evaluation under the supervision agreement, [13] or an update to the collaboration policies noting completed ortho training [11]
- [ ] Renewal date (the PA's birthday) and the 3 hours of opioid CE on the calendar [22, 38]
- [ ] If the PA is close to 8,000 hours, plan the hours documentation for their collaborative-practice application [7]
- [ ] 90-day review: pay, call, schedule and goals for year one
- [ ] Mentor meetings continue, moving to monthly

8. Locum and temporary coverage

When a locum makes sense

- **Leave coverage.** Parental, medical or extended leave where you know the end date.
- **Bridging a permanent hire.** Your new PA has a start date three months out and your surgeons are losing clinic slots now.
- **Testing a new service line or a new surgeon's ramp-up** before committing to a permanent role.
- **Winter volume.** If your census rises in the cooler months, a fixed-term contract can cover the peak.

A catch with out-of-state locums: there's no temporary license and compact privileges aren't being issued yet.[31,52] The 120-day rule clock applies,[37] and universal recognition requires Arizona residency.[33] For short-notice coverage, look for PAs who already hold an active Arizona license, DEA registration and CSPMP access.

Count the locum against the ratio. A supervised locum PA counts toward the six-at-once limit like anyone else.[13]

How to structure a 3 to 6 month contract

Given the tests in Section 2, the two defensible structures are the same as for a permanent hire:[24,26]

1. **Practice W-2.** A fixed-term, part-time or per-diem W-2 employee of the practice.
2. **Agency W-2.** The PA is a W-2 employee of a staffing or locum agency that bills your practice.

Paying the PA directly on a 1099 is the structure most likely to be challenged. **Have employment counsel review the arrangement.**

Contract checklist:

- [ ] Start date contingent on an active Arizona license, a signed supervision agreement or collaboration policies, DEA and CSPMP registration, and hospital privileges[3,11,12,35]
- [ ] Defined end date and any extension terms
- [ ] Written scope, including first assist, and prescribing authority by schedule[3,12]
- [ ] Named supervising or overseeing surgeon for each site[11,13]
- [ ] Schedule: clinic days, OR days, call
- [ ] Who carries malpractice coverage, including tail. A collaborating PA is legally responsible for their own services.[3]
- [ ] How the PA's services will be billed and under whose enrollment (confirm with your billing team)
- [ ] Notice period for either side
- [ ] EHR and CSPMP access set up before day one, since a short contract can't absorb a slow start

Housing and stipends

We didn't find a reliable published source for Arizona locum PA pay rates or housing and travel stipend norms, so we aren't printing numbers here. Benchmarks vary; ask us for current

market data.

A note from FirstAssistPA

This guide is from FirstAssistPA (firstassistpa.com), a small placement service focused on orthopaedic PAs, founded by Anthony David Adams. If you'd like help filling a role, your first placement is free. If you aren't happy with a PA we place, we'll replace them at no charge.

Sources

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