FREE NEVADA GUIDE · FOR LAS VEGAS AND NEVADA PRACTICES HIRING

The Ortho PA Hiring Guide (Nevada, 2026)

For practice administrators and orthopaedic surgeons hiring physician assistants in Nevada, mainly Las Vegas. Current as of September 24, 2026.

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IN SHORT

In Nevada, a PA supervised by an MD is licensed by the Board of Medical Examiners and one supervised by a DO by the Board of Osteopathic Medicine, and a physician may supervise no more than three PAs and APRNs combined without Board approval. Nevada is not in the PA Licensure Compact, but an out-of-state PA can apply for a license by endorsement, which the Board must issue within 45 days of receiving the application, and the PA can't prescribe until the Pharmacy Board has registered them too. The BLS median for Nevada PAs was $134,660 in May 2025.

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

Hiring an orthopaedic PA in Nevada has its own rules. Two different boards license PAs, depending on whether the supervising surgeon is an MD or a DO. A physician can supervise only three PAs and NPs combined without Board approval. And a new PA can't write a single prescription until the Pharmacy Board has registered them too. 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 Nevada law allows in 2026

Start with the supervising surgeon's degree

Nevada licenses PAs through two boards:

- A PA supervised by an **MD** is licensed by the Nevada State Board of Medical Examiners (NSBME).[1]
- A PA supervised by a **DO** is licensed by the Nevada State Board of Osteopathic Medicine (NSBOM).[2]

To supervise an NSBME-licensed PA, a physician must hold an NSBME license and actually practice in Nevada.[3] An NSBOM-licensed PA may be supervised by an MD instead of a DO only when the PA works in an area where only such a physician can conveniently supervise, and both physicians agree.[4] A PA can hold a **simultaneous license** from both boards.[5]

What this means for a mixed group: if your surgeons include MDs and DOs and the PA will work under both, plan on the PA holding both licenses. The NSBME's total for a simultaneous applicant is $675, and the NSBOM charges $200 for its side.[39,40] Confirm the setup with counsel.

Scope comes from the supervising surgeon

A PA may perform the medical services their supervising physician authorizes.[6] On the MD side, those services must match the PA's education, training, experience and competence, and must fall within the supervising physician's medical specialty.[7] So an ortho PA should be supervised by a surgeon whose registered specialty covers orthopaedics. The PA is treated as the supervising physician's agent for all medical activities.[14]

Nevada law still uses a supervision model for PAs. We found no collaboration model for PAs in the current statutes, and no 2025 bill changed that.[1,6]

The paperwork is different for each board

Nevada has no California-style "practice agreement." What you file depends on the board.

MD supervisor (NSBME):

- [ ] Before the PA provides any services, the PA files a Board form naming the practice, its location, the supervising physician, and the part of the practice that physician supervises.[8]
- [ ] The Board's form is a sworn statement signed by both the physician and the PA, each in front of a notary. There's no fee.[9]
- [ ] **Supervision doesn't begin until you receive the Board's file-stamped copy of the form.**[9] A PA can hold a license without a supervisor but can't practice until that approval comes back.[38]
- [ ] If supervision ends, the PA and the physician notify the Board within 72 hours, and the PA stops that part of their practice until a new notice is filed.[8]

DO supervisor (NSBOM):

- [ ] A **written collaborating agreement** describing where, when and how the PA assists, and which services they may perform. It must be signed by both and **notarized**.[12]
- [ ] The PA may perform only the services listed in the agreement.[12]
- [ ] A copy goes to the Board within 10 days of signing, and the Board is notified within 10 days if the agreement ends.[12]
- [ ] Before supervision starts, the DO must tell the PA their scope, how they can reach the DO, and how they'll be evaluated.[11]

Ortho items to put in writing either way:

- **First and second assist.** The NSBOM rules list "assisting at surgery" among the supervising DO's responsibilities.[13] The NSBME rules have no separate first-assist provision; the PA does what the supervising physician authorizes, within their competence.[6,7] Either way, write down which cases the PA may assist on and how that's signed off.
- **Controlled-substance schedules.** A PA can prescribe only the controlled-substance schedules their supervising physician can prescribe.[6]
- **Competency evaluation.** Both boards require the supervising physician to run a quality program that includes an assessment of the PA's competency and direct observation of their history-taking and exams.[3,13] For a new surgical PA, that's the natural place to describe first-assist sign-off.

Ratio: three PAs and NPs combined

An MD may not supervise more than three PAs at once, and **PAs and APRNs count together**: no more than three of the two combined.[10] A physician can petition the NSBME for more by

showing special circumstances in their practice and that they can supervise the larger number properly.[10] The NSBME supervision form asks the physician to certify they're within the limit.[9]

A DO may not supervise more than three PAs and APRNs combined at one time, and the NSBOM rule doesn't mention a petition route.[12] On the DO side there are two more limits: a PA may work under no more than three supervising physicians, and a PA employed by a medical facility may work under only one supervising physician at that facility.[12]

Plan headcount around this. If each surgeon already works with an NP and a PA, adding a PA may mean spreading supervision across surgeons or filing a petition.

How supervision works day to day

MD supervisors (NSBME):[3]

- Available for consultation whenever the PA is working. Consultation can be indirect, including by phone.
- **At least once a month, spend part of a day at a location where the PA works**, to consult and monitor quality.
- If unavailable, name a substitute physician **in the same specialty**.
- Run a written quality program covering competency, chart review, a sample of referrals and consults, direct observation, and records.
- Remain responsible for all the PA's medical activities.

DO supervisors (NSBOM):

- Supervise continuously while the PA is working. After the start-up period, that can be in person, by phone or electronically, even from another site.[11]
- **Supervise in person at all times for the first 30 days** of supervising a PA (federally qualified health centers are exempt).[11]
- After that, supervise in person at least once a month.[13]
- Don't delegate a task the PA can't complete safely.[11]

The 30-day rule for DO supervisors affects scheduling. A new PA working under a DO can't run a satellite clinic alone in month one. Plan the DO's calendar so they're on site whenever the PA is working.

Chart review is required

Unlike California, Nevada requires chart review.

- **MD supervisors** must review and initial selected charts of the PA's patients.[3] The rule sets no minimum share.
- **DO supervisors** must review and initial **at least 10% of the PA's charts at least four times a year.**[13]

Two billing cautions apply regardless of state law (see the federal sources):

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.[30] Hospital bylaws and payers may add their own rules.
2. **Co-signing does not change who billed the service.** Having a physician review or co-sign a PA's chart does not allow the PA's service to be billed under the physician's name.[30]

One more NSBOM rule: a DO-supervised PA may not bill a patient separately from their supervising DO.[48] Check how that fits your billing setup with your billing team and counsel.

Hospital work

We didn't find a Nevada rule, like California's, requiring a hospital PA's supervisor to hold privileges at that hospital. That doesn't mean the hospitals won't require it. Hospital bylaws govern privileges, so ask each medical staff office. Keep the NSBOM limits in mind: a PA employed by a facility may have only one supervising DO there.[12] And on the MD side, the backup supervisor must practice in the same specialty.[3]

Controlled substances

Getting a Nevada PA license doesn't let the PA prescribe. The Pharmacy Board registers PAs separately.

- **Pharmacy Board registration.** Before prescribing controlled substances or the drugs Nevada law calls "dangerous drugs," a PA must obtain a registration certificate from the Nevada State Board of Pharmacy and pass its exam on pharmacy law.[15] The Board can limit the registration. If the PA's registration is suspended or revoked, the supervising physician's controlled-substance registration may be too.[15]
- **Three steps, in order, for controlled substances:** (1) a Nevada Prescription Monitoring Program (PMP) account; (2) a Nevada controlled-substance registration, which includes an exam; (3) DEA registration. The Pharmacy Board says the PA is not authorized to prescribe controlled substances until all three are active.[16] Prescribing controlled substances without the Board registration is a Category D felony.[16]

- **Fees and renewal.** The application form lists $80 for non-controlled prescribing only, or $200 with controlled substances. Registrations expire October 31 of even-numbered years. The PA must notify the Pharmacy Board within 10 days of any change in practice location or supervising physician.[16]
- **Federally**, PAs register with the DEA as "mid-level practitioners."[22]
- **PMP checks.** Before the first prescription of a Schedule II, III or IV drug (or a Schedule V opioid), the prescriber must pull a PMP report, and must pull another at least every 90 days while treatment continues.[17] **Nevada has no post-surgical exemption.** The exceptions are for cancer, sickle cell disease, hospice and palliative care.[17] If the PMP system is down, documenting the failed attempt counts as compliance.[17]
- **PMP upkeep.** Every controlled-substance prescriber must complete the PMP training course and log in to the database at least every six months.[18]
- **Acute-pain limits.** An initial Schedule II to IV prescription for acute pain can't cover more than 14 days. If the patient has never been prescribed an opioid, or not in the last 19 days, the dose can't exceed 90 morphine milligram equivalents a day. Either limit can be exceeded when the prescriber determines it's medically necessary.[19]
- **Before any first controlled-substance prescription for pain**, the prescriber must have a bona fide relationship with the patient, do an evaluation and risk assessment, set a diagnosis and plan, document why a non-controlled alternative isn't enough, and get informed consent.[20] Build these into your pre-op visit and post-op order sets.
- **Continuing education.** A PA registered for controlled substances needs 2 hours of CE on addictive disorders and opioid prescribing every two-year cycle. Every NSBME-licensed PA also needs 2 hours of SBIRT training within two years of first licensure.[21]

Workers' compensation

Many ortho practices see a steady flow of workers' comp patients. In Nevada:

- An injured worker may be examined by a PA, and the employer's list of examining providers can include PAs.[23]
- A treating PA must complete and file the claim form within 3 working days of first treating the worker for that injury.[23]
- A 2025 law lets the Division of Industrial Relations adopt regulations allowing a treating physician to hand off routine follow-up care to a PA they employ and supervise, with the worker's informed consent.[24] We could not confirm those regulations have been adopted, so check with the insurer or third-party administrator before routing workers' comp follow-ups to a PA.

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

Short answer: plan on W-2, and have employment counsel review any other structure.

Nevada doesn't use one test. Different laws define "employee" differently:

- **Wage law (NRS 608).** A person is conclusively presumed to be an independent contractor, *for the purposes of that chapter*, if they have an EIN or SSN (or filed a self-employment return), are required by contract to carry their own licenses and insurance, and meet at least three of five criteria: control over the means and manner of the work, control over when the work is done, freedom to work for others, freedom to hire help, and a substantial investment of capital.[25] Failing the test doesn't automatically make someone an employee.[25]
- **Unemployment insurance (NRS 612).** Paid services count as employment unless the business shows the worker is free from control, the work is outside the usual course of the business (or done outside all its places of business), and the worker runs an independently established business of that kind.[26] That's an ABC-style test.
- **Workers' comp (NRS 616A).** An independent contractor is someone controlled only as to the result of the work, not the means.[27]
- **Constitutional minimum wage.** The Nevada Supreme Court held that NRS 608.0155 does not override the minimum-wage protections in the Nevada Constitution, which use the federal economic-realities test.[28]

Why a PA is hard to fit into the contractor box (our reading, not legal advice): a PA performs only the services the supervising physician approves, is deemed the physician's agent, sees your patients on your schedule, and uses your equipment.[3,14] That cuts against control over the means of the work and against substantial capital investment. The work is also squarely in the usual course of an ortho practice, which matters under the unemployment test.[26]

The cost of getting it wrong. The Labor Commissioner can issue a warning for a first offense and fine $5,000 per willfully misclassified employee after that. A misclassified worker can also recover lost wages and benefits.[29]

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.[30,31] State law still decides classification. 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.[30]

Have employment counsel review your structure before you sign.

3. Realistic timelines for out-of-state hires

Nevada had 1,446 board-certified PAs at the end of 2025, 41st among states in PAs per 100,000 residents (44.1).[32] The local pool is small for the population, so be ready to recruit from other states. Here's what that involves.

No compact, but there is a fast lane

- **No compact.** Nevada is not a member of the PA Licensure Compact.[33] An out-of-state PA needs a full Nevada license.
- **Expedited license by endorsement.** A PA with a valid, unrestricted license in another state can apply for a license by endorsement. The applicant must not have been disciplined or be under investigation elsewhere, must submit fingerprints, and must be currently NCCPA-certified.[34,35] The NSBME must say within 15 business days what's missing, and must issue the license within 45 days of receiving the application or 10 days after the background report arrives, whichever is later.[34] The NSBOM has the same deadlines, and also requires that the applicant has never been held civilly or criminally liable for malpractice.[36]
- **Military route.** Active-duty service members, veterans and their spouses have their own endorsement route, and the NSBME may grant a provisional license while that application is pending.[34]
- **No general temporary license.** Nevada's temporary PA license covers new graduates who are about to sit for, or are waiting on results of, the NCCPA exam, and it requires immediate supervision.[42] The NSBME fee schedule has no temporary or locum license for PAs.[39]

The 45 days is a legal deadline, not a promise. It starts when the Board has the application. Neither board publishes current processing times, so ask the license specialist.

What the candidate must submit (NSBME)[38]

- [ ] **Notarized application** and signed release
- [ ] **Direct-source verifications:** PA program completion and transcripts, and NCCPA certification. The NSBME requires NCCPA certification for licensure.[43]
- [ ] **Malpractice carrier verifications** with a 10-year loss history
- [ ] **NPDB self-query report**, forwarded to the Board
- [ ] **Fingerprints** (below)
- [ ] **The supervision notice**, signed and notarized, before the PA can practice[9]

- [ ] **Fees:** $300 application, $400 two-year registration ($200 if licensed in the second year of the cycle), and $75 background check, for a total of $775 (or $575)[39]

For an NSBOM license, the new-license fee is $300 plus a $50 fingerprint fee.[40] The NSBOM says a complete application is scheduled for its next available Board meeting.[37] For endorsement, the statute lets the NSBOM president and executive director issue the license between meetings.[36]

How long each step takes

Step	What the source says
Fingerprints, Live Scan	Only available when prints are taken in Nevada. The candidate must apply to the Board before being fingerprinted.[41]
Fingerprints, FD-258 card	Can be taken by any law enforcement agency or private service in any state. Cards older than 6 months are rejected.[41] The NSBME checklist says background results "will not delay licensure."[38]
License by endorsement	45 days from application, or 10 days after the background report if later (statutory deadline).[34,36]
NSBOM application	Scheduled for the next available Board meeting once complete.[37] Endorsement licenses may be issued between meetings.[36]
Supervision notice (NSBME)	Supervision starts when the file-stamped copy is received.[9] We found no published turnaround.
Pharmacy Board and PMP	PMP account, then Nevada CS registration with an exam, then DEA, in that order.[16] 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).[61] That was telehealth credentialing in South Carolina, not Nevada ortho, so treat it as a rough reference. Ask each hospital's medical staff office for their current timeline.
Payer enrollment (Medicare, Nevada Medicaid, commercial)	We found no reliable published figure. Plan for several months and ask each plan.

Practical moves that save time:

- If the candidate can visit Nevada after applying, have them do **Live Scan** during the visit.[41]

- Get the supervision notice signed and notarized as soon as the offer is signed. A notice signed before the license issues sits pending until the license comes through.[9]
- Start the Pharmacy Board steps the week the Nevada license issues. The candidate can't prescribe until all three are done.[16]
- Since January 2026, a licensee can authorize the NSBME to send the documents it gathered during licensing to an employer or credentialing office.[46] Ask the candidate to sign that release to speed up hospital credentialing.
- Check which board or boards the PA needs before they apply, so a DO-supervised hire doesn't file with the wrong one.[1,2]

Certification after hire

The two boards differ:

- **NSBME** requires CME to renew: 40 hours for a PA licensed in the first six months of the two-year cycle, scaled down for later starts.[44] Current NCCPA certification isn't on its renewal list, but a 2025 law removed the statute that barred the Board from requiring it.[47]
- **NSBOM** requires current NCCPA certification and at least 20 hours of CME to renew.[45] Since January 1, 2026, NSBOM PA licenses renew every two years instead of every year,[46] so expect those rules to be updated.

Keeping NCCPA certification means 100 CME credits every two years and passing PANRE or PANRE-LA by the end of the tenth year.[49] Medicare's PA qualifications include passing the NCCPA exam,[31] and hospital bylaws may require current certification. Check each hospital's bylaws.

4. What Nevada PAs are paid

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

Nevada, all PAs (BLS, May 2025)[50]

Measure	Value
Employment	1,090
Annual mean	$135,790
Annual median	$134,660

Measure	Value
10th percentile	$60,040
25th percentile	$117,280
75th percentile	$163,550
90th percentile	$175,300
Hourly median	$64.74

Las Vegas-Henderson-North Las Vegas (BLS, May 2025)[51]

Measure	Value
Employment	650
Annual mean	$140,860
Annual median	$134,660
25th percentile	$127,360
75th percentile	$162,920
90th percentile	$179,070

Reno's median was $134,550, with 300 PAs employed.[51]

National comparisons

- The U.S. median for PAs was $135,880 (mean $141,280, 162,150 employed).[52] Nevada's median is about 1% below that (our calculation: $134,660 ÷ $135,880).
- **Recruiting from California:** California's median was $165,650, about 23% above Nevada's (our calculation: $165,650 ÷ $134,660).[53] A California PA will compare your offer to that figure, so be ready to talk about take-home pay and cost of living.
- 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.[54] Among ortho PAs working 40+ hours a week, mean income was $134,571 for women and $152,258 for men.[54] 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.[55]

What we don't have: a verified Nevada-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.[52]

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.[56]
- [ ] **Hospitals and ASCs.** Which ones, since each needs its own privileges.
- [ ] **Who supervises.** MD or DO, since that decides which Nevada board licenses the PA.[1,2]
- [ ] **Pay range and bonus structure.** Anchor to the BLS figures above.
- [ ] **Licensing.** Whether you require an active Nevada license or will support an out-of-state candidate through endorsement and Pharmacy Board registration, 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.[54] If yours is far above that, say so and explain the support.

A skeleton you can adapt:

> **Orthopaedic PA, Sports and Joints, Las Vegas** Three surgeons (MDs), 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]. Nevada license required, or we'll support your endorsement application and Pharmacy Board registration and plan a [month] start. 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.

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. Nevada requires the supervising physician's quality program to include a competency assessment and direct observation,[3,13] so write the first-assist sign-off process there.
- Listen for honest limits. Nevada ties a PA's services to their competence, and a DO may not delegate a task the PA can't complete safely.[7,11] A candidate who can name what they're not ready for is easier to supervise 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 supervising surgeon covers each, who the same-specialty backup is,[3] and response-time expectations. Nationally, 26.9% of ortho PAs report one or more burnout symptoms,[54] 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.[57] (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%.[58] 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%.[59]

Before day one

- [ ] Nevada license issued by the right board, or both boards if the PA will work under MDs and DOs[1,2,5]
- [ ] NSBME supervision notice notarized and file-stamped copy received,[9] or NSBOM collaborating agreement notarized and filed within 10 days[12]
- [ ] Supervising surgeon within the three-PA/APRN limit, or petition filed[10,12]
- [ ] Written list of authorized services, including first assist and controlled-substance schedules[6,12]
- [ ] PMP account, Nevada CS registration and DEA registration in process, in that order[16]
- [ ] Hospital privileges in process at each facility, with the supervising surgeon and backup mapped for each
- [ ] Payer enrollment started (Medicare, Nevada Medicaid, commercial)
- [ ] EHR, PACS and scheduling accounts requested
- [ ] Mentor assigned (a named surgeon, ideally with an experienced PA as a second contact)

- [ ] If the supervisor is a DO: their calendar blocked to be on site whenever the PA works for the first 30 days[11]

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 your workers' comp workflow, including the 3-working-day claim filing[23]
- [ ] Walk through post-op opioid prescribing: PMP checks, the 14-day and 90 MME limits, and the risk assessment and consent steps[17,19,20]
- [ ] 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
- [ ] Confirm chart review is happening at the required rate: selected charts for MDs, at least 10% four times a year for DOs[3,13]
- [ ] Confirm the monthly on-site visit is on the supervisor's calendar[3,13]
- [ ] 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[60]
- [ ] 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 competency review in the supervising physician's quality program[3,13]
- [ ] Required CE on the calendar: SBIRT within two years, and opioid CE if registered for controlled substances[21]
- [ ] 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.

A catch with out-of-state locums: the licensing rules above apply in full. There's no compact and no temporary license for experienced PAs.[33,42] Endorsement has a 45-day statutory clock,[34] and the locum still needs Pharmacy Board registration before prescribing.[16] For short-notice coverage, look for PAs who already hold an active Nevada license and prescribing registration.

Count the locum against the ratio. A locum PA counts toward the supervising surgeon's three-PA/APRN limit like anyone else.[10,12]

How to structure a 3 to 6 month contract

Given Nevada's classification tests, the two defensible structures are the same as for a permanent hire:[25,26,29]

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 Nevada license, a filed supervision notice or collaborating agreement, prescribing registration, and hospital privileges[9,12,16]
- [ ] Defined end date and any extension terms
- [ ] Written list of authorized services, including first assist and controlled-substance schedules[6,12]
- [ ] Named supervising surgeon (and same-specialty backup) for each site[3]
- [ ] Notice to the Board when supervision ends: 72 hours for NSBME, 10 days for NSBOM[8,12]

- [ ] Schedule: clinic days, OR days, call
- [ ] Who carries malpractice coverage, including tail
- [ ] How the PA's services will be billed and under whose enrollment (confirm with your billing team)
- [ ] Notice period for either side
- [ ] EHR and PMP 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 Nevada 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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