FREE NEW YORK GUIDE · FOR NEW YORK CITY PRACTICES HIRING

The Ortho PA Hiring Guide (New York, 2026)

For practice administrators and orthopaedic surgeons hiring physician assistants in New York City. Current as of September 24, 2026.

By Anthony David Adams · Published September 24, 2026

IN SHORT

Since February 22, 2025, New York law lets a physician in private practice supervise up to six PAs, though the DOH rule and the NYSED FAQ still say four, and the statutory limit doesn't apply in hospitals. New York is not in the PA Licensure Compact, so even a New Jersey PA needs a full New York license, and New York's control test points to W-2 for a clinical PA. The BLS median for PAs in the New York-Newark-Jersey City metro was $167,650 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 New York City involves more than finding a good candidate. The private-practice ratio changed in 2025, but not every official document has caught up. New York is not in the PA Compact, so a PA who lives in New Jersey still needs a full New York license. Prescribing and workers' comp each have New York rules that trip up practices. 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 New York law allows in 2026

Supervision is the governing concept

New York has no statutory "practice agreement" like California's. The rule is shorter: a PA may perform medical services only under a physician's supervision, and only when the duties assigned are within the supervising physician's own scope of practice.[1] The DOH rule adds that each duty must be assigned by the supervising physician, fall within that physician's scope, and suit the PA's education, training and experience.[3] The supervising or employing physician stays medically responsible for the PA's services.[3]

For an ortho practice, the PA's scope is therefore capped by the supervising surgeon's. Don't assign a PA work outside what their supervising surgeon practices.

Keep supervision records. The PA must keep records documenting continuous supervision by the responsible physician.[3] The law doesn't require a particular form. A short written document is the practical answer. It should name each supervising surgeon, list the duties assigned (clinic visits, injections, first assist, closures, call), and say how competence gets checked. The same document can serve as your first-assist sign-off record.

Ratio: the statute says six, but some official documents still say four

Setting	What the source says
Private practice: statute	No more than **six** PAs per physician at one time.[1] Effective February 22, 2025; the limit before that was four.[2]
Private practice: DOH rule	10 NYCRR 94.2(c) still says no more than **four** PAs (and two specialist assistants). The rule's effective date is March 15, 2017, before the statute changed.[3]
Private practice: NYSED FAQ	Still says **four**.[4]
Hospital: statute	The statutory limit does not apply to services performed in a hospital.[1]
Hospital: DOH rules	No physician may be designated to supervise more than **six** PAs or specialist assistants, in any combination.[5,3]

The statute is newer than the DOH rule, and a statute normally controls over an older, inconsistent regulation. That's our reading, not legal advice. **If you plan to go above four PAs per surgeon in private practice, get counsel's sign-off first.**

NYSED's FAQ does allow one flexibility. If a permanent PA is out for an extended period due to illness or another reason, the supervising physician may bring in a PA to temporarily fill that gap.[4] This is useful for leave coverage (see Section 8).

Supervision does not mean physical presence

Supervision must be continuous, but it does not require the supervising physician to be physically present where the services are performed.[1,3] The law doesn't define "continuous" in minutes, so write your own reachability standard into the supervision document. For example, say who covers when the surgeon is scrubbed.

Chart co-signature

New York's PA statute and the DOH supervision rule set no routine co-signature requirement for office charts.[1,3] For **hospital inpatient orders**, the supervising physician or the hospital *may* require countersignature, but never before the order is carried out.[3] Hospital bylaws and payers can add their own rules.

Two cautions carry over from federal billing rules:

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.[17]
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.[17]

Decide what you want (for example, co-sign for the first 60 days, then a sample audit), and write it into your supervision document.

Hospital work: a written designation at each hospital

A hospital that employs or grants privileges to a PA must designate the supervising physician or physicians **in writing**.[5] Where more than one physician is designated, written policies must say which physician supervises each patient's care.[5] Hospitals may employ or privilege only PAs currently registered with NYSED.[5] The medical staff bylaws must set out how PA credentials are evaluated and how supervising physicians exercise continuous supervision.[5]

If your PA will round, take call or first-assist at three hospitals, expect three designations and three credentialing files. Before you set the schedule, map which of your surgeons holds privileges and a PA designation at each one.

A New York wrinkle: "specialist assistants"

New York also registers **specialist assistants**, and one category is *orthopedic assistant*.[3] A registered specialist assistant (R.S.A.) is not a PA. Their duties must relate to the specialty they are registered in.[6] In private practice, a physician may supervise no more than two of them.[6] If a résumé says "RSA" or "orthopedic assistant," confirm which credential the candidate actually holds.

Prescribing and controlled substances

- **Scope.** To the extent the supervising physician assigns it, a PA may prescribe controlled substances as a practitioner under Article 33 of the Public Health Law. Those prescriptions are limited to patients under the care of the supervising physician.[3]
- **The supervising physician's name goes on the prescription.** Paper prescriptions go on the supervising physician's blank form and include that physician's name, address and telephone number. Electronic prescriptions must include the same supervising-physician details alongside the PA's electronic signature.[3] Set up your EHR so each PA's e-prescriptions show the right surgeon.
- **Electronic prescribing is mandatory.** Since March 27, 2016, all New York prescriptions must be electronic, with limited exceptions.[7] Controlled-substance e-prescribing also requires a Practitioner EPCS Registration Form filed with DOH's Bureau of Narcotic Enforcement. A DEA number must appear on every controlled-substance prescription.[7]
- **Check the PMP every time.** Before prescribing a Schedule II, III or IV drug, the prescriber must check the Prescription Monitoring Program Registry.[8] DOH's own brochure says to check "every time."[9] A five-day-or-less supply from a **private practice** or an **ambulatory surgery center** still requires a check. Of the settings DOH's FAQ lists, only a general hospital ED gets that short-supply exception.[8] Each prescriber needs their own Health Commerce System account. Designees may run the search up to 24 hours before prescribing.[8,9]
- **Seven-day limit.** An initial opioid prescription for acute pain may not exceed a 7-day supply.[10] Write your post-op order sets around that limit.
- **Training.** DEA-registered prescribers must complete 3 hours of NY-approved coursework in pain management, palliative care and addiction every three years, and attest to it with DOH.[11] Federally, PAs register with the DEA as "mid-level practitioners."[12]
- **Medicaid.** Prescribing for Medicaid patients requires a Medicaid provider number.[7]

Workers' compensation

To treat workers' comp patients, a PA must be **authorized by the NY Workers' Compensation Board**. The application must name an authorized supervising physician.[13] A Board-authorized

PA may treat these patients under the treating provider's supervision and may determine a patient's ongoing level of disability. They may not perform IMEs.[13] Board-authorized PAs can bill for their services to injured workers.[15] Under the Board's telehealth rules, the first visit with a treating provider must be in person.[13]

This changes on **January 1, 2028**, when "Universal Authorization" will let any eligible licensed provider in good standing treat injured workers without separate Board authorization.[14] Until then, add WCB authorization to your onboarding checklist if you see comp patients.

2. W-2 or 1099? New York's control test

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

- **New York uses a control test, not California's ABC test.** The NY Department of Labor weighs all factors to decide the degree of supervision, direction and control over the work.[16]
- **The employer-side factors describe a clinical PA job.** DOL lists signs of employment that include choosing when, where and how services are performed, providing facilities and equipment, directly supervising, setting hours, setting pay and evaluating performance.[16] New York law requires a PA to work under continuous physician supervision, within the supervising physician's scope.[1] A PA who sees your patients in your clinic on your schedule matches most of that list. That is our reading, not legal advice.
- **Professionals are not exempt.** DOL says even doctors and lawyers "may be employees if they are subject to significant control."[16]
- **Paperwork doesn't decide it.** Issuing a 1099 instead of a W-2, or having the worker sign a statement calling themselves an independent contractor, does not by itself make them one.[16]
- **Agencies can be the employer.** A referral agency can be the employer if it controls the client relationship, billing and collection, and the worker's wages.[16]
- **You can ask.** DOL's Unemployment Insurance Division issues formal determinations. Send it the contract and details of the relationship.[16]

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 W-2 employees, leased employees or independent contractors, and has allowed direct payment to PAs since January 1, 2022.[17,18] State employment 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.[17]

Have employment counsel review your structure before you sign.

3. Realistic timelines for out-of-state hires

New York has more board-certified PAs than any other state: 17,975, or 89.9 per 100,000 residents (7th).[19] NYSED shows 6,085 registered PAs with mailing addresses in the five boroughs, and 12,177 once you add Nassau, Suffolk and Westchester (our sums of NYSED's county counts, which reflect mailing address, not where people practice).[20] The local pool is deep, but ortho searches for experienced first assists still reach across state lines. Here is what that involves.

No shortcuts

- **No compact.** New York is not a member of the PA Licensure Compact. **New Jersey is.**[21] A New Jersey PA who wants to work in Manhattan still needs a full New York license.
- **No temporary license for experienced PAs.** New York's limited permit is only for someone who meets every licensing requirement except the exam.[1,22] A PA already practicing elsewhere has passed PANCE, so they don't qualify. A permittee must work under a physician's direct supervision, and the permit lasts one year, extendable once.[1]
- **Emergency orders don't help you plan.** In January and February 2026, Executive Order 56 let PAs licensed in other states practice without a New York license. It applied only in affected hospitals in Bronx, New York (Manhattan), Nassau and contiguous counties during a nurse strike (Nassau was dropped on January 24), and the last extension NYSED lists ran through February 27, 2026.[24] Don't plan a hire around one.

What the candidate must submit

- [ ] **Form 1** (online application) and the **$115** fee ($70 application plus $45 for the first three-year registration)[22,23]
- [ ] **Form 2**, sent **directly by their PA school**, with an official transcript[23]
- [ ] **Form 3**, sent **directly by every state** that has licensed them. Electronic verifications are accepted if they come straight from the licensing board.[23] Start these on day one, since you don't control how fast other states respond.
- [ ] **PANCE** passed[22]
- [ ] **Infection-control coursework** from an approved provider. PAs must complete it at initial licensure and every four years after that, and attest to it on the application.[25]

The NYSED PA forms page lists no fingerprint step.[23]

How long each step takes

Step	What the source says
School and state verifications (Forms 2 and 3)	Sent by third parties. NYSED says it is the applicant's responsibility to follow up with anyone asked to send material.[22]
NYSED review	No published target. NYSED asks applicants to allow **6 weeks after all documentation is submitted** before requesting a status update, and warns that asking earlier may slow things down.[4]
Hospital credentialing and privileges	One published study found 103 days for traditional credentialing (36 days with a faster proxy method).[26] That was telehealth credentialing in South Carolina, not New York ortho, so treat it as a rough reference. Ask each hospital's medical staff office for their current timeline.
DEA registration, NY EPCS registration, PMP account	Each needs the NY license first.[7,8] We found no published processing times.
WCB authorization	Required before treating comp patients, and it must name an authorized supervising physician.[13]
Payer enrollment (Medicare, NY Medicaid, commercial)	We found no reliable published figure. Plan for several months and ask each plan.

Practical moves that save time:

- Send the Form 2 and Form 3 requests the week the offer is signed.
- Have the candidate finish infection-control coursework before they apply.[25]
- Open the hospital privileging file as early as each medical staff office allows, and confirm each hospital's written supervising-physician designation.[5]
- **Look for PAs who already hold a NY license.** NYSED counts 6,835 registered PAs with out-of-state US mailing addresses.[20] A license is valid for life, and registration is renewed every three years.[23,1] A candidate who keeps their NY registration current skips licensing entirely.

Certification after hire

New York licensure requires passing PANCE.[22] Registration renews every three years, with whatever continuing-education requirement DOH sets.[1] We found no NY source requiring a set number of CME hours or current NCCPA certification for re-registration, so ask counsel if it matters to you. Keeping NCCPA certification means 100 CME credits every two years and passing PANRE or PANRE-LA by the end of the tenth year.[27] Medicare's PA qualifications include passing the NCCPA exam,[18] and hospital bylaws may require current certification. Check each hospital's bylaws.

4. What New York PAs are paid

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

New York State, all PAs (BLS, May 2025)[28]

Measure	Value
Employment	19,140
Annual mean	$155,150
Annual median	$160,880
10th percentile	$106,440
25th percentile	$134,480
75th percentile	$174,710
90th percentile	$201,410
Hourly median	$77.35

New York-Newark-Jersey City metro, all PAs (BLS, May 2025)[29]

Measure	Value
Employment	16,800
Annual mean	$163,570

Measure	Value
Annual median	$167,650
10th percentile	$124,470
25th percentile	$141,930
75th percentile	$179,990
90th percentile	$207,000
Hourly median	$80.60

The metro includes northern New Jersey, so it is not an NYC-only figure.

Upstate metro medians, for comparison (BLS, May 2025)[29]

Metro	Median
Albany-Schenectady-Troy	$137,850
Syracuse	$133,000
Rochester	$130,430
Buffalo-Cheektowaga	$126,360

National comparisons

- The U.S. median for PAs was $135,880 (mean $141,280, 162,150 employed).[30] The NY metro median is about 23% higher, and the NY State median about 18% higher (our calculations: $167,650 ÷ $135,880; $160,880 ÷ $135,880).
- 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.[31] Among ortho PAs working 40+ hours a week, mean income was $134,571 for women and $152,258 for men.[31] 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.[32]

What we don't have: a verified New York or NYC 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.[30]

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.[33]
- [ ] **Hospitals and ASCs.** Which ones, since each hospital needs its own credentialing and written supervising-physician designation.[5]
- [ ] **Pay range and bonus structure.** Anchor to the BLS figures above for your metro.
- [ ] **Licensing.** Whether you require an active New York license or will support an out-of-state candidate through licensing, and the realistic start date if so. If you're recruiting in New Jersey, say plainly that a NY license is required.[21]
- [ ] **Workers' comp.** If you see comp patients, say you'll sponsor WCB authorization.[13]
- [ ] **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.[31] If yours is far above that, say so and explain the support.

A skeleton you can adapt:

> **Orthopaedic PA, Sports and Joints, [Borough/Neighborhood]** 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]. New York license required, or we'll support your application 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. In New York, duties must be assigned by the supervising physician and suit the PA's training and experience,[3] so write the first-assist sign-off process into your supervision document.
- Listen for honest limits. A candidate who can name what they're not ready for is easier to supervise safely, and supervision records are required anyway.[3]
- Check the credential. Confirm it's a PA license and not a specialist-assistant registration.[6]

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 is the written designated supervisor at each,[5] and response-time expectations. Nationally, 26.9% of ortho PAs report one or more burnout symptoms,[31] 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.[34] (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%.[35] 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%.[36]

Before day one

- [ ] New York license issued and registration current[1,23]
- [ ] Infection-control coursework completed[25]
- [ ] Written supervision document signed: supervising surgeons, assigned duties including first assist, how supervision is recorded[3]
- [ ] Ratio checked for each supervising surgeon (see Section 1)[1,3]
- [ ] DEA registration in process; NY EPCS registration and Health Commerce System (PMP) account to follow[7,8]
- [ ] 3-hour NY prescriber course completed and attested, if DEA-registered[11]
- [ ] Hospital privileges in process at each facility, with a written supervising-physician designation at each[5]
- [ ] WCB authorization applied for, if the PA will see comp patients[13]
- [ ] Payer enrollment started (Medicare, NY Medicaid, commercial)
- [ ] EHR, PACS and scheduling accounts requested, with e-prescribing set to show the supervising surgeon's name, address and phone[3]
- [ ] 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 your workers' comp workflow: WCB authorization, supervising physician, in-person first visits[13]
- [ ] Walk through post-op opioid prescribing: PMP check every time, 7-day initial acute-pain limit, e-prescribing[8,10,7]
- [ ] 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
- [ ] Review your chart-review or co-signature policy against your supervision document and each hospital's bylaws[3,5]
- [ ] 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[37]
- [ ] 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, updated in the supervision records[3]
- [ ] 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. If the surgeon is already at the ratio limit, NYSED allows a temporary PA to fill the gap while a permanent PA is out.[4]
- **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 limited permit for a PA who has already passed PANCE.[21,1] A locum from another state, including New Jersey, can't start any sooner than a permanent hire from that state. For short-notice coverage, look for PAs who already hold an active New York registration.

How to structure a 3 to 6 month contract

Under New York's control test, the defensible structures are the same as for a permanent hire:[16]

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 exposed to a finding that they were your employee. **Have employment counsel review the arrangement.**

Contract checklist:

- [ ] Start date contingent on an active New York registration and hospital privileges
- [ ] Defined end date and any extension terms
- [ ] Written supervision document for the locum PA, with first-assist duties if they apply[3]
- [ ] Named supervising surgeon, with a written designation at each hospital the PA will work in[5]
- [ ] Ratio check for that surgeon, including the NYSED temporary-coverage allowance if you rely on it[1,4]
- [ ] 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)
- [ ] WCB authorization, if the PA will see comp patients[13]
- [ ] Notice period for either side
- [ ] EHR and e-prescribing 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 New York 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, for any reason, we'll replace them at no charge.

Sources

1. N.Y. Education Law, Article 131-B, §§6540-6546 (§6541(3) renewal; §6542(1)-(4) supervision, ratio, hospitals; §6546 limited permits), as reproduced by NYSED Office of the Professions. https://www.op.nysed.gov/professions/physician-assistants/laws-rules-regulations/article-131b Cross-checked with https://www.nysenate.gov/legislation/laws/EDN/6542 ("most recent revision (from 2026-05-29)"). Accessed 2026-09-24.
2. NYSED Office of the Professions, Article 131-B page, archived March 4, 2025, showing §6542 "Effective until February 22, 2025" (four PAs) and "Effective February 22, 2025" (six PAs). https://web.archive.org/web/20250304211939/https://www.op.nysed.gov/professions/physician-assistants/laws-rules-regulations/article-131b Accessed 2026-09-24.
3. 10 NYCRR §94.2, Supervision and scope of duties (subds. (a), (b), (c), (d), (e)(1)-(5), (f), (g)(1)). https://regs.health.ny.gov/content/section-942-supervision-and-scope-duties Effective date 03/15/2017. Accessed 2026-09-24. (Its four-PA private-practice limit predates the 2025 statute.)
4. NYSED Office of the Professions, Physician Assistant FAQ (Q1, Q7). https://www.op.nysed.gov/professions/physician-assistants/faq No date shown. Accessed 2026-09-24. (Its statement of a four-PA ratio predates the 2025 statute.)
5. 10 NYCRR §405.4(e), Medical staff: registered physician's assistants and specialist's assistants. https://regs.health.ny.gov/content/section-4054-medical-staff Effective date 10/08/2025. Accessed 2026-09-24.
6. N.Y. Education Law, Article 131-C, §§6549, 6549-A (specialist assistants), as reproduced by NYSED. https://www.op.nysed.gov/professions/specialist-assistants/laws-rules-regulations/article-131-c Accessed 2026-09-24.
7. NYSED Office of the Professions, Mandatory Electronic Prescribing (PA). https://www.op.nysed.gov/professions/physician-assistants/mandatory-electronic-prescribing Accessed 2026-09-24.
8. NYSDOH, Prescription Monitoring Program Registry FAQ. https://www.health.ny.gov/professionals/narcotic/prescription_monitoring/docs/pmp_registry_faq.pdf Revised May 2025. Accessed 2026-09-24.

9. NYSDOH, "PMP Registry: Legal Duty to Consult" (publication 12055). https://www.health.ny.gov/publications/12055.pdf Dated 11/24. Accessed 2026-09-24.
10. NYSDOH Bureau of Narcotic Enforcement, Laws and Regulations (7-day initial supply for acute pain, effective July 22, 2016). https://www.health.ny.gov/professionals/narcotic/laws_and_regulations/ Revised December 2022. Accessed 2026-09-24.
11. NYSDOH, Mandatory Prescriber Education (PHL §3309-a(3)). https://www.health.ny.gov/professionals/narcotic/mandatory_prescriber_education/ Revised January 2026. Accessed 2026-09-24.
12. 21 CFR 1300.01 (definition of mid-level practitioner). https://www.ecfr.gov/current/title-21/chapter-II/part-1300/section-1300.01 eCFR point-in-time 2026-09-01.
13. NY Workers' Compensation Board, "Physician Assistants." https://www.wcb.ny.gov/content/main/hcpp/providers/physician-assistants.jsp No date shown. Accessed 2026-09-24.
14. NY Workers' Compensation Board, "What Providers Need to Know." https://www.wcb.ny.gov/content/main/hcpp/what-providers-need-to-know.jsp No date shown. Accessed 2026-09-24.
15. NY Workers' Compensation Board, "Who Can Bill." https://www.wcb.ny.gov/content/main/hcpp/who-can-bill.jsp No date shown. Accessed 2026-09-24.
16. NY Department of Labor, "Independent Contractors." https://dol.ny.gov/independent-contractors No date shown. Accessed 2026-09-24.
17. AAPA, "Payer Reimbursement Policies for PAs." https://www.aapa.org/download/48117/ PDF dated Mar 30, 2026. Accessed 2026-09-22.
18. CMS, Medicare Benefit Policy Manual, Ch. 15, §190. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf Chapter Rev. 13889, issued 07-30-26; §190 Rev. 11288 (eff. 01-01-22).
19. NCCPA, 2025 Statistical Profile of Board Certified PAs. https://www.nccpa.net/wp-content/uploads/documents/2025-Statistical-Profile-of-Board-Certified-PAs.pdf © NCCPA 2026 (data as of Dec 31, 2025). Accessed 2026-09-24.
20. NYSED Office of the Professions, Physician Assistant License Statistics (geographic distribution as of July 1, 2026). https://www.op.nysed.gov/professions/physician-assistants/license-statistics Accessed 2026-09-24.
21. PA Licensure Compact, member state list. https://www.pacompact.org/ No update date shown. Accessed 2026-09-24.
22. NYSED Office of the Professions, Physician Assistant License Requirements. https://www.op.nysed.gov/professions/physician-assistants/license-requirements Last updated May 1, 2020. Accessed 2026-09-24.
23. NYSED Office of the Professions, Physician Assistant Application Forms (Forms 1, 2, 3, 5, 5CS). https://www.op.nysed.gov/professions/physician-assistants/license-application-forms Last updated March 26, 2020. Accessed 2026-09-24.
24. NYSED Office of the Professions, advisory on Executive Order 56 and extensions 56.1-56.10. https://www.op.nysed.gov/governor-hochul-signs-executive-order-56 Accessed 2026-09-24.
25. NYSED Office of the Professions, Mandated Training Related to Infection Control (PA). https://www.op.nysed.gov/professions/physician-assistants/mandated-training-related-infection-control Accessed 2026-09-24.
26. Baker-Whitcomb A, Harvey J. Telemed J E Health. 2018;24(11):922-926. PMID 29620971. https://pubmed.ncbi.nlm.nih.gov/29620971/ (abstract). Setting: telehealth credentialing at 20 South Carolina sites.
27. NCCPA, "Maintain Certification." https://www.nccpa.net/maintain-certification/ No date shown. Accessed 2026-09-22.
28. U.S. Bureau of Labor Statistics, OEWS May 2025, Physician Assistants (29-1071), New York State. BLS Public Data API v2 (series OEUS3600000000000291071 0x/1x); human-readable page https://www.bls.gov/oes/current/oes291071.htm Accessed 2026-09-24.
29. U.S. Bureau of Labor Statistics, OEWS May 2025, Physician Assistants (29-1071), metro areas. BLS Public Data API v2, series OEUM00[area]0000002910711x (areas 35620, 10580, 45060, 40380, 15380). https://www.bls.gov/oes/current/oes291071.htm Accessed 2026-09-24.
30. U.S. Bureau of Labor Statistics, OEWS May 2025, Physician Assistants, national. BLS Public Data API v2; Occupational Outlook Handbook, https://www.bls.gov/ooh/healthcare/physician-assistants.htm (last modified Aug 27, 2026). Accessed 2026-09-22.
31. NCCPA, 2025 Statistical Profile of Board Certified PAs by Specialty. https://www.nccpa.net/wp-content/uploads/documents/Reports/Statistical-Profile-of-Board-Certified-PAs-by-Specialty.pdf © NCCPA 2026 (2025 data). Accessed 2026-09-22.
32. AAPA, 2026 AAPA Salary Report (public highlights). https://www.aapa.org/research/salary-report/ Accessed 2026-09-22.
33. Venegas B et al. J Healthc Manag. 2023;68(1):15-24. PMID 36602452. https://pubmed.ncbi.nlm.nih.gov/36602452/ (abstract).

34. Ortiz Pate N et al. J Am Assoc Nurse Pract. 2023;35(2):122-129. PMID 36763465. https://pubmed.ncbi.nlm.nih.gov/36763465/ (abstract). Primary care, 13 interviews.
35. Yun B et al. J Am Assoc Nurse Pract. 2025;37(10):573-581. PMID 39774034. https://pubmed.ncbi.nlm.nih.gov/39774034/ (abstract).
36. Merck T et al. J Pediatr Health Care. 2026;40(2):210-218. PMID 41528294. https://pubmed.ncbi.nlm.nih.gov/41528294/ (abstract). Pediatric multi-specialty program.
37. AAPA, "PA Productivity." https://www.aapa.org/advocacy-central/reimbursement/pa-productivity/ Accessed 2026-09-22.