GENESIS Physicians Group

Physician Assistant
Supervising/Collaborating Physician
Protocols/Duties/Scope of Practice

Section. 1 Collaborating/Supervising/Monitoring Physician

Physician Assistants are statutorily required to be supervised/monitored by a physician licensed to practice in the state where they currently practice and who is designated as the primary collaborating/supervising physician (or an alternate physician can also provide supervision).

Applicant's Name & Degree:_____ **Specialty:**_____

Collaborating/Supervising Physician Name & Degree: _____
(This physician must be licensed in the same state of practice and in the same networks as the applicant.)
Collaborating/Supervising Physician Medical License: No: _____ **State:** _____

Alternate Collaborating/Supervising Physician & Degree (if applicable): _____
(This physician must be licensed in the same state of practice and in the same networks as the applicant.)
Alternate Collaborating/Supervising Physician Medical License: No: _____**State:** _____

Section 2: Protocols/Duties/Scope of Practice

In my current position with the above Collaborating/Supervising/Monitoring Physician, I have reviewed, understand, agreed upon and signed along with my Supervising Physician, protocols or other written authorization which defines my duties and role as a Physician Assistant in a manner that promotes professional judgment commensurate with my education and experience. A copy of the protocols/duties/scope of practice is maintained onsite (at my primary office location).

ATTESTATION: I certify the information provided by me on this document is true, correct and complete to the best of my knowledge and belief. I understand and agree that any misstatement or omission of information concerning my collaborating/supervising physician and the established protocols/duties/scope of practice may constitute grounds for withdrawal of the application for consideration.

_____

Signature: Applicant **Date**

_____

Printed Name

_____

Signature: Supervising Physician **Date**

_____

Printed Name

GENESIS
Physicians Group

Physician Assistant
Prescribing Authority Attestation

Physician Assistants who plan to prescribe controlled substances and who have been granted prescriptive authority by their state licensing board must comply with DEA and state laws relating to

As per the Federal Controlled Substance Act a prescription for a controlled substance may only be issued by a physician, dentist, podiatrist, mid-level practitioner, or other registered practitioners who are:

- Authorized to prescribe controlled substances by the jurisdiction in which the practitioner is licensed to practice; and
- Registered with DEA or exempt from registration or
- An agent or employee of a hospital or other institution acting in the normal course of business or employment under the registration of the hospital or other institution which is registered in lieu of the individual practitioner.

1. Have you (applicant) been approved by your State Licensure Board (if required) to carry out or sign prescription drug orders and been issued a prescription authorization number? ◯ YES ◯ NO

2. Do you plan to prescribe controlled substances?
   Texas: Schedules III-V ◯ YES ◯ NO

3. If Yes, submit your Federal Controlled Substance Certificate (DEA)

ATTESTATION: I certify the information provided by me on this document is true, correct and compete to the best of my knowledge and belief. I understand and agree that any misstatement or omission of information concerning administering, dispensing or the prescribing of controlled substances may constitute grounds for withdrawal of the application for consideration.

_____ _____
Signature: Applicant Date

_____
Printed Name

_____ _____
Signature: Physician Date

_____
Printed Name