

AGENT ACKNOWLEDGMENT for PRACTICE AGREEMENT

****NOTE**: Does Not Apply to SPO**

An agent must sign this agent agreement to acknowledge understanding and acceptance of supervisory responsibilities prior to serving as an agent for any practice agreement under which the agent will be supervising a physician assistant. This signed acknowledgment must be attached to the practice agreement kept at the primary practice location.

The acknowledgment applies to the standing practice agreement between(Print or Type):

Primary Supervising Physician: _____

--and--

Physician Assistant: _____

By signing below, I acknowledge that I am qualified to supervise as designated in the practice agreement and competent to perform the duties delegated to the physician assistant under my supervision.

Agent Name (Print or Type): _____

Agent's Oregon D\ mj\W\ub License No.: _____

Effective Date (mm/dd/yyyy) of agent supervision: _____

AGENT SIGNATURE: _____