

**Physician Assistant Applicant Questionnaire on the  
Medical Practice Act & Administrative Rules**

**PA APPLICANT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MULTIPLE CHOICE—Choose the correct answer:**

**1. The minimum level of supervision required at all times while a physician assistant is practicing is:**

- a) Personal supervision
- b) General supervision
- c) Direct supervision
- d) None of the above

**2. A physician assistant may issue prescriptions for Schedule II controlled substances if the following conditions are met:**

- a) The physician assistant is currently certified by the National Commission for the Certification of Physician Assistants (NCCPA).
- b) The physician assistant has documented adequate education or experience in pharmacology in keeping with the practice agreement or Board-approved practice description.
- c) A statement regarding Schedule II controlled substances prescription privileges is included in the practice agreement or Board-approved practice description.
- d) All of the above

**3. The following is generally NOT one of the powers of the Board:**

- a) Establish hospital procedures
- b) Promulgate necessary and proper rules
- c) Issue licenses
- d) Determine acceptable schools of medicine and osteopathy

**4. The physician assistant may provide any medical service that:**

- a) Is generally described in and in compliance with the practice agreement
- b) Is provided under the supervision of the supervising physician or supervising physician organization
- c) Is within the scope of practice of the supervising physician or supervising physician organization
- d) All of the above

**5. A physician assistant may use independent judgment in rendering medical services only if:**

- a) The supervising physician is not immediately available
- b) The patient has agreed
- c) The physician assistant has been granted permission by the supervising physician in accordance with the practice agreement
- d) The physician assistant has been adequately trained to do so

**6. Services of a physician assistant may be used only after:**

- a) The supervising physician has been approved by the Board as a supervising physician
- b) A practice agreement has been submitted to the Board
- c) The supervising physician or supervising physician organization has entered into a practice agreement with the licensed physician assistant
- d) Both a and c

- 7. The purpose of physician assistant licensure is to:**
- Provide the physician more income
  - Allow the physician assistant independent privileges
  - Provide for appropriate use of physician assistants in the delivery of health care services.
  - Provide an avenue for physicians to delegate to physician assistants medical services beyond the physician's scope of practice
- 8. Upon termination of the supervisory relationship, the physician and the physician assistant must provide to the Board:**
- A report of the reasons for termination
  - A simple announcement of such termination
  - Recommendation for future employment
  - A statement as to the value of the working association
- 9. The definition of a practice agreement is:**
- An employment contract for a physician assistant
  - A written agreement between a physician assistant and a supervising physician or supervising physician organization that describes the manner in which the services of the physician assistant will be used
  - A written agreement amongst the physicians in a supervising physician organization that describes the manner in which the services of physician assistants will be used by the organization
  - A verbal understanding between a physician assistant and a supervising physician regarding the nature of the medical services to be provided by the physician assistant
- 10. The following is true of the categories/levels of supervision:**
- "Direct Supervision" means the supervising physician or designated agent is not in the facility when the physician assistant is practicing but is available for direct communication, either in person, by telephone or by other electronic means
  - "General Supervision" means the supervising physician or designated agent is on-site with the physician assistant when the physician assistant is practicing
  - "Personal Supervision" means the supervising physician or designated agent is at the side of the physician assistant at all times, personally directing and the action of the physician assistant
  - All of the above
- 11. The Board may refuse to grant, or may suspend or revoke a license to practice as a physician assistant for any of the following reasons:**
- The physician assistant holds himself/herself out to be a licensed physician
  - The physician assistant performs medical services without the direction or under the supervision of a Board-approved supervising physician
  - The physician assistant performs tasks beyond the physician assistant's competence
  - All of the above
- 12. A physician assistant may practice at a location other than the supervising physician if:**
- The supervising physician or designated agent will provide for the maintenance of direct communication and will provide a minimum of eight hours of on-site supervision every month
  - The practice setting/facility is listed in the practice agreement of the physician assistant
  - Medical services provided by the physician assistant are reviewed by the supervising physician on a regularly scheduled basis
  - All of the above

- 13. A supervising physician and physician assistant may change a practice agreement by:**
- a) Writing a letter informing the Board of the change
  - b) Submitting a revised practice agreement and having it approved by the Board
  - c) Updating the written agreement on file and submitting a copy to the Board within 10 days of the date of the change
  - d) Telephoning the Board office, requesting a change in the practice agreement and waiting for approval
- 14. A physician assistant may stop practicing under a supervising physician and begin practice under a new supervising physician provided that:**
- a) The previous supervising physician and physician assistant submit a report on the termination
  - b) The new supervising physician or primary supervising physician of a supervising physician organization has been approved by the Board to use the services of a physician assistant
  - c) The physician assistant and supervising physician or supervising physician organization have entered into a new practice agreement
  - d) All of the above

**TRUE OR FALSE – Choose the Correct Answer:**

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| 15. A supervising physician who is not acting as part of a supervising physician organization (SPO) may supervise four physician assistants unless the Board approves the physician to supervise more than four physician assistants. | <b>T</b> | <b>F</b> |
| 16. After being filed with the Board, a copy of the practice agreement must be kept at the practice location and be made available to the Board upon request.   | <b>T</b> | <b>F</b> |
| 17. A physician assistant is required to wear a nametag with the designation of "physician assistant" thereon while performing medical services.  | <b>T</b> | <b>F</b> |
| 18. A supervising physician must be competent to perform all the duties delegated to the physician assistant by the supervising physician.  | <b>T</b> | <b>F</b> |
| 19. The Medical Practice Act does not prevent an individual from selecting a practitioner or mode of treatment of his/her own choosing.   | <b>T</b> | <b>F</b> |
| 20. A complaint filed with the Oregon Medical Board is not confidential.  | <b>T</b> | <b>F</b> |
| 21. Notice of termination of a practice agreement or practice description must be made in writing to the Board within 15 days of termination of supervision, by the supervising physician and the physician assistant.                | <b>T</b> | <b>F</b> |
| 22. A physician assistant may practice without physician supervision in any area of the state if the supervising physician or supervising physician organization requests it.   | <b>T</b> | <b>F</b> |

**I CERTIFY THAT I HAVE READ AND COMPLETED THIS QUESTIONNAIRE ON THE OREGON MEDICAL PRACTICE ACT AND THE ADMINISTRATIVE RULES RELATING TO PHYSICIAN ASSISTANTS IN OREGON.**

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*Signature of Physician Assistant Applicant*

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*Date*