

Physician Assistant Applicant Questionnaire on the Oregon Medical Practice Act and Administrative Rules

PA APPLICANT NAME: _____

MULTIPLE CHOICE – CHOOSE THE CORRECT ANSWER:

- 1. The Oregon Medical Board consists of:**
 - a) 7 MDs and 2 public members
 - b) 6 MDs and 1 DO
 - c) 7 MDs, 2 DOs, 1 DPM, and 2 public members
 - d) 5 MDs, 2 DOs, and 1 public member

- 2. A physician assistant's employment may be terminated by the Board if the physician assistant:**
 - a) Holds himself/herself out to be a licensed physician
 - b) Performs services beyond the physician assistants' competence
 - c) Is guilty of gross or repeated negligence
 - 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. An appointment to the Oregon Medical Board is made by:**
 - a) The Governor
 - b) The Oregon Medical Association
 - c) The Oregon Medical Board
 - d) The Executive Director of the Board

- 5. A physician assistant may use independent judgment in determining and prescribing treatment 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 Board approved Practice Description
 - 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 made application to the Board
 - b) A Practice Description has been submitted
 - c) The Board has granted licensure to the physician assistant and approved the Practice Description submitted by the supervising physician
 - d) The physician assistant has applied to the Board
- 7. The purpose of the physician assistant program is to:**
- a) Provide the physician more income
 - b) Allow the physician assistant independent privileges
 - c) Allow physicians to extend high quality care to more people
 - d) Provide a setting in which trained physician assistants may practice
- 8. Upon termination of employment, the physician and the physician assistant must provide the Board with:**
- a) A detailed written report of the reasons for termination
 - b) A simple announcement of such termination
 - c) Recommendation for future employment
 - d) A statement as to the value of the working association
- 9. A physician assistant is defined as:**
- a) A qualified medical assistant
 - b) A person qualified to provide medical services under supervision of an Oregon licensed physician
 - c) A qualified and trained medical technician
 - d) A person qualified to provide nursing and other auxiliary services
- 10. A revoked license may be considered for reinstatement upon written application and after a period of:**
- a) one month
 - b) six months
 - c) two years
 - d) one year
- 11. The following is NOT grounds for suspension or revocation of a physician license:**
- a) Excessive use of intoxicants or drugs
 - b) Gross negligence
 - c) Refusal to accept a new patient in the practice
 - d) Unprofessional or dishonorable conduct
- 12. A physician assistant may practice at a location that is different from his/her supervising physician(s) if:**
- a) Direct physician communication either in person or by telephone, radio, radiotelephone, television, or similar means is maintained
 - b) The duties are the same as those for the practice location(s) listed in the Board approved Practice Description
 - c) The supervising physician or designated agent will provide a minimum of four hours of on-site supervision every two weeks
 - d) All of the above

- 13. A physician assistant may change the Board approved Practice Description by:**
- a) The physician assistant writing a letter to the Board informing them of the change
 - b) The physician assistant submitting a revised Practice Description and having it approved by the Board
 - c) The supervising physician submitting a revised Practice Description and having it approved by the Board
 - d) Telephoning the Board office, requesting a change in the Practice Description, and waiting for approval
- 14. Physician assistants may cease practice with one supervising physician and begin practicing under the supervision of another physician only after:**
- a) The previous supervising physician has submitted a letter of termination
 - b) The physician assistant has submitted a letter of termination
 - c) The new supervising physician has submitted a new Practice Description and has obtained Board approval to begin the new practice
 - d) All of the above

TRUE OR FALSE – CHOOSE THE CORRECT ANSWER:

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| 15. Physicians may be granted Board approval to supervise an unlimited number of physician assistants in their practice. | T | F |
| 16. A physician assistant student may perform medical services when such services are approved by the Board. | T | F |
| 17. A physician assistant is required to wear a nametag with the designation of "physician assistant" thereon while performing medical services. | T | F |
| 18. A physician assistant whose licensure application file is complete but has not yet been granted permanent licensure by the Board can obtain a limited license under the supervision of a physician. | T | F |
| 19. The Medical Practice Act does not prevent an individual from selecting a practitioner or mode of treatment of his/her own choosing. | T | F |
| 20. A complaint filed with the Oregon Medical Board is not confidential. | T | F |
| 21. A physician assistant may write prescriptions only if prescription privileges have been requested by the supervising physician in the Practice Description and it is approved by the Oregon Medical Board. | T | F |
| 22. A physician assistant may practice without physician supervision in any area of the state if it is approved by the Board. | T | F |

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.

Signature of Physician Assistant Applicant

Date