

Oregon Medical Board

1500 SW 1st Ave, Suite 620 • Portland, OR 97201
 (971) 673-2700 or (877) 254-6263 (toll free in Oregon)
 Web site address: www.oregon.gov/OMB

PRACTICE AGREEMENT FORM

**The Supervising Physician – Physician Assistant team must complete the practice agreement.
 A supervising physician or supervising physician organization (SPO) must ensure that the physician assistant is competent to perform all duties delegated to the physician assistant.**

The supervising physician and the physician assistant must maintain an updated copy of this agreement at the practice site. This agreement must be updated at least every two (2) years.

Beginning date for the Practice Agreement (mm/dd/yyyy): _____

Type of supervision for this relationship:

- Individual Supervising Physician**
 A physician licensed under ORS Chapter 677, actively registered and in good standing with the Board as a Medical Doctor or Doctor of Osteopathic Medicine, and approved by the Board as a supervising physician, who provides direction and regular review of the medical services provided by the physician assistant. OAR 847-050-0010.
- Supervising Physician Organization (SPO) – SPO Name:** _____
 A group of physicians who collectively supervise a physician assistant. One physician within the supervising physician organization must be designated as the primary supervising physician of the physician assistant. OAR 847-050-0010. **Attach list of all physicians within the SPO who will supervise the below physician assistant.**

PHYSICIAN ASSISTANT Name			PA Oregon license #
PA <u>Primary</u> Practice NAME and ADDRESS (for this relationship only)			
City	State, Zip Code	County	Business Phone #
PA <u>Secondary</u> Practice (if any & for this relationship only) NAME and ADDRESS			State and Zip Code
PA E-mail Address			

SUPERVISING PHYSICIAN Name <input type="checkbox"/> MD <input type="checkbox"/> DO			Physician Oregon License #
Physician Primary Practice NAME and ADDRESS			
City	State, Zip Code	County	Business Phone #
Physician SPECIALTY for this relationship			

PHYSICIAN ASSISTANT’S PRIMARY PRACTICE LOCATION(S) FOR THIS PRACTICE

- Office and/or Clinic
- Office and/or Clinic and Hospital
- Hospital only
- Hospital Emergency Department only
- Other _____

LICENSED FACILITIES (Hospitals, etc.) WHERE PHYSICIAN ASSISTANT WILL PROVIDE MEDICAL SERVICES

Name of Facility	Street Address	City	Zip Code

SUPERVISING DURING PERIODS OF ABSENCE OR VACATION - **NOTE: Does Not Apply to SPO**

An agent is a physician designated in writing by the supervising physician who provides direction and regular review of the medical services of the physician assistant when the supervising physician is unavailable for short periods of time, such as when the supervising physician is on vacation. An agent must sign an agent acknowledgment (agreement) as an addendum to the practice agreement maintained at the practice site (see Agent Acknowledgment at end of this form).

When the supervising physician is away from the office or practice location for any period, will an agent or locum tenens supervise the PA?

- Yes No

CHART REVIEW

Applies to all practice locations and may include documented physician consultations and/or case reviews.

Will the PA do patient charting?

- Yes No

If yes, supervising physician will review _____ % of PA charts per month.

PHYSICIAN ASSISTANT PRESCRIPTION PRIVILEGES

Please indicate PA prescription privileges:

- No prescription privileges
- Schedule III – V only
- Schedule II – V: PA must hold current National Commission on Certification of Physician Assistants (NCCPA) certification

NCCPA Certification ID: _____ Expiration Date (mm/dd/yyyy): _____

ADMINISTRATION

Refers to the administration of any medication to the patient in the office or clinic setting.

Will the physician assistant administer medication?

- Yes
- No

EMERGENCY DISPENSING

Emergency Dispensing is a privilege granted to physician assistants to be able to dispense take home medication to their patients in areas where pharmacy access is restricted to the patient because of geographic or financial restraints. The approval of this privilege is usually restricted to rural areas and special populations. A licensed pharmacist or anyone allowed to do so by the Oregon Board of Pharmacy must prepackage the medication. PAs may only be approved to emergency dispense Schedule II medications if they have been delegated Schedule II prescription privileges by the supervising physician.

Emergency dispensing is NOT required in order for a PA to dispense drug samples.

Is emergency dispensing authority requested for the PA?

- Yes
- No

If yes, state the medical necessity for emergency dispensing and accessibility to the nearest pharmacy:

If yes, is the supervising physician registered with the Oregon Medical Board as a dispensing physician?

- Yes
- No

In order for the PA to be approved for emergency dispensing authority, the supervising physician must be registered with the Oregon Medical Board as a dispensing physician. The application for registration as a dispensing physician can be found at: <http://www.oregon.gov/omb/PDFforms/DispensingFillin.pdf>.

MEDICAL DUTIES and PROCEDURES

A supervising physician and any designated agent of a supervising physician must be competent to perform the duties delegated to the physician assistant by the supervising physician or by the supervising physician organization.

The supervising physician may limit the degree of independent judgment that the physician assistant uses but may not extend it beyond the limits of the practice agreement or approved practice description. The physician assistant may perform at the direction of the supervising physician and/or agent only those medical services as included in the practice agreement or approved practice description. The degree of supervision for procedures must be based on the level of competency of the physician assistant as judged by the supervising physician.

Please describe the medical duties and procedures common to the practice that the physician assistant will provide. (Please refer to the core competencies information at the end of the form for further information.) Include the degree or level of supervision (general, direct or personal) for services as appropriate. The three levels of supervision are defined as:

General Supervision: Supervising physician or designated agent is not on site with the physician assistant, but is available for direct communication either in person, by phone or by other means.

Direct Supervision: Supervising physician or designated agent must be in the facility when the physician assistant is practicing.

Personal Supervision: Supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant.

Describe the services or procedures common to the practice that **the physician assistant is NOT permitted to perform:**

ATTESTATION / CERTIFICATION STATEMENT

By signing below, I certify that:

- The physician assistant and the supervising physician are in full compliance with the laws and regulations governing the practice of medicine by physician assistants, supervising physicians and supervising physician organizations (SPO) and acknowledge that violation of laws or regulations governing the practice of medicine may subject the physician assistant, supervising physician and the SPO to disciplinary measures.
- The supervising physician or the SPO must provide the Board with a copy of the practice agreement within ten (10) days after the physician assistant begins practice with the supervising physician or the SPO.
- The supervising physician or the SPO must keep a copy of the practice agreement available to the Board upon request. The practice agreement is not subject to Board approval, but the Board may request a meeting with a supervising physician or SPO and a physician assistant to discuss a practice agreement.
- A supervising physician or the agent of a supervising physician must be competent to perform the duties delegated to the physician assistant by the supervising physician or by a supervising physician organization. The supervising physician or the supervising physician organization and the physician assistant are responsible for ensuring the competent practice of the physician assistant. Any duties performed by the physician assistant that are outside the scope of practice of either the physician assistant or the supervising physician may constitute a violation of the Medical Practice Act.

SIGNATURES

Name of **Supervising Physician** (Print or Type):

Signature of Supervising Physician: _____ Date: _____

Name of **Physician Assistant** (Print or Type):

Signature of Physician Assistant: _____ Date: _____

****FOR REFERENCE** CORE COMPETENCIES**

The Board recognizes that based on education, training, and experience, physician assistants are qualified to provide triage, evaluation, diagnosis, treatment, and consultation for acute and chronic illnesses, and health maintenance services for patients of all ages, under the supervision of an MD or DO. In performing these duties, physician assistants are qualified to order and provide initial interpretation of lab, x-ray, imaging, and other diagnostic studies with further evaluation when appropriate. The physician assistant may practice in any setting that is included in the practice agreement, including hospitals, licensed health care facilities, outpatient settings, patient residences, residential facilities, and emergency departments as applicable.

The following physician assistant core competencies are procedures the Board expects any PA licensed in Oregon and initially certified by the National Commission on Certification of Physician Assistants (NCCPA) competent to perform. **Unless the supervising physician will not allow the PA to perform any such services under General supervision, the Board does not require that services included in the core competency list be listed in the practice agreement.**

<ul style="list-style-type: none"> ▶ Arterial Blood Gas ▶ Administration of medications ▶ Anoscopy ▶ Apply/remove casts & splints ▶ Arthrocentesis ▶ Assist in surgery & office procedures ▶ Bladder catheterization ▶ Cardiac pulmonary resuscitation including emergency air-way management and manual defibrillation ▶ Catheter removal ▶ Cerumen removal ▶ CLIA waived lab procedures ▶ Consultation with referral to appropriate health care resources ▶ Diathermy/Ultrasound ▶ Education of patients and families ▶ Fulguration / cryotherapy superficial lesions ▶ Ganglion cyst aspiration ▶ Incision & drainage ▶ Indwelling drain removal 	<ul style="list-style-type: none"> ▶ Ingrown toenails removal ▶ IUD insertion/removal ▶ Peripheral IV placement and removal ▶ Joint injections/aspiration ▶ Laceration repair and management ▶ Local anesthesia including digital block ▶ Management of fractures excluding reductions ▶ Nasal packing for epistaxis ▶ Nasogastric tube insertion and removal ▶ Office ECG ▶ Order durable equipment ▶ Pulmonary function test ▶ Reduction of simple finger dislocation ▶ Skin or subcutaneous excision / biopsy ▶ Subungual hematoma evacuation ▶ Superficial foreign object removal ▶ Treatment of thrombosed hemorrhoids ▶ Treatment of venereal warts ▶ Trigger point injection ▶ Venipuncture ▶ Wound management
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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: _____