

State Medical Board of Ohio

Physician Assistant Supervision Agreement Instructions

Read all instructions prior to completing and submitting this application

What is a Physician Assistant Supervision Agreement?

It is an agreement that constitutes a working relationship between a physician assistant and a supervising physician.

Note: A supervising physician assumes legal liability for the services provided by the physician assistant under their supervision.

Who is required to complete a Physician Assistant Supervision Agreement?

This application must be completed by every physician who wishes to supervise a physician assistant regardless of whether that physician assistant will be utilized in an office setting or a health care facility. *Note: If you have a Physician Assistant Supervision Agreement previously approved by the Board you do not need to complete this application.*

Do I need to complete this application to add additional Physician Assistants to a previously approved Supervision Agreement?

No, you need to complete an Addendum to the Physician Assistant Supervision Agreement in order to add additional Physician Assistants.

How will I know that a supervision agreement has been approved?

Once a supervision agreement is approved by the Board the supervision agreement number will appear on the Board's website at MED.OHIO.GOV.

Verification via the website constitutes notification of approval of a supervision agreement.

What is a Physician Supervisory Plan?

It describes the services the physician assistant will provide under your supervision while in an office setting. Ohio Revised Code Section 4730.09 (which appears on the next page) lists the services that may be included in a standard Physician Supervisory Plan.

Do you need to submit a Physician Supervisory Plan in addition to the Supervision Agreement?

Yes, if the Physician Assistant, while under your supervision, will be working in an office setting at any time;

No, if the Physician Assistant, while under your supervision, will be working solely in either a hospital registered by the Ohio Dept. of Health or a health care facility licensed by the Ohio Dept. of Health under 3702.30, Ohio Revised Code. To find this information go to www.odh.ohio.gov.

Ohio Revised Code Section 3702.30 (A)(4) health care facilities that are licensed with the Ohio Dept. of Health include:

- (a) An ambulatory surgical facility;
- (b) A freestanding dialysis center;
- (c) A freestanding inpatient rehabilitation facility;
- (d) A freestanding birthing center;
- (e) A freestanding radiation therapy center;
- (f) A freestanding or mobile diagnostic imaging center.

What is a Quality Assurance System?

Any supervising physician who oversees a physician assistant must establish a quality assurance system which shall include the following components:

- (1) the routine review of selected patient record entries made by the physician assistant; and
- (2) the routine review of selected medical orders issued by the physician assistant; and
- (3) the discussion of complex cases; and
- (4) the discussion of new medical developments relevant to the practice of the physician assistant.

Instructions:

- Complete the attached Physician Assistant Supervision Agreement in its entirety. *An application will not be processed unless all information has been submitted.*
- Each physician assistant to be supervised under this agreement is required to sign, date and include his/her Ohio certificate to practice number. *(Name stamps, copies and faxes are not acceptable).*
- A separate application for each supervising physician must be completed.
- List a contact person and the credential mail address where all mailings regarding this application are to be sent. *Applications submitted without this information will not be processed until we have received the required contact information.*
- You must enclose a check or money order made **payable to the State Medical Board of Ohio in the amount of \$25.00** for each application. Fees submitted are neither refundable nor transferable. Applications submitted without the fee will not be processed until the fee is received.

Section 4730.09, Ohio Revised Code; services a physician assistant may perform as part of a standard Physician Supervisory Plan, as long as the service is within the supervising physician's normal course of practice and expertise.

- (1) Obtaining comprehensive patient histories;
- (2) Performing physical examinations, including audiometry screening, routine visual screening, and pelvic, rectal, and genital-urinary examinations, when indicated;
- (3) Ordering, performing, or ordering and performing routine diagnostic procedures, as indicated;
- (4) Identifying normal and abnormal findings on histories, physical examinations, and commonly performed diagnostic studies;
- (5) Assessing patients and developing and implementing treatment plans for patients;
- (6) Monitoring the effectiveness of therapeutic interventions;
- (7) Exercising physician-delegated prescriptive authority pursuant to a certificate to prescribe issued under this chapter;
- (8) Carrying out or relaying the supervising physician's orders for the administration of medication, to the extent permitted by law;
- (9) Providing patient education;
- (10) Instituting and changing orders on patient charts;
- (11) Performing developmental screening examinations on children with regard to neurological, motor, and mental functions;
- (12) Performing wound care management, suturing minor lacerations and removing the sutures, and incision and drainage of uncomplicated superficial abscesses;
- (13) Removing superficial foreign bodies;
- (14) Administering intravenous fluids;
- (15) Inserting a foley or cudae catheter into the urinary bladder and removing the catheter;
- (16) Removing intrauterine devices;
- (17) Performing biopsies of superficial lesions;
- (18) Making appropriate referrals as directed by the supervising physician;
- (19) Removing norplant capsules;
- (20) Performing penile duplex ultrasound;
- (21) Changing of a tracheostomy;
- (22) Performing bone marrow aspirations from the posterior iliac crest;
- (23) Performing bone marrow biopsies from the posterior iliac crest;
- (24) Performing cystograms;
- (25) Performing nephrostograms after physician placement of nephrostomy tubes;
- (26) Fitting or inserting family planning devices, including intrauterine devices, diaphragms, and cervical caps;
- (27) Removing cervical polyps;
- (28) Performing nerve conduction testing;
- (29) Performing endometrial biopsies;
- (30) Inserting filiform and follower catheters;
- (31) Performing arthrocentesis of the knee;
- (32) Performing knee joint injections;
- (33) Performing endotracheal intubation with successful completion of an advanced cardiac life support course;
- (34) Performing lumbar punctures;
- (35) In accordance with rules adopted by the board, using light-based medical devices for the purpose of hair removal;
- (36) Administering, monitoring, or maintaining local anesthesia, as defined in section 4730.091 of the Revised Code;
- (37) Performing other services that are within the supervising physician's normal course of practice and expertise, if the services are included in any model physician supervisory plan approved under section 4730.06 of the Revised Code or the services are designated by the board by rule or other means as services that are not subject to approval as special services.



PHYSICIAN ASSISTANT SUPERVISION AGREEMENT APPLICATION

Application fee: \$25.00; check or money order made payable to:
State Medical Board of Ohio

Mail completed application and fee to:
State Medical Board of Ohio
ATTN: Physician Assistant Program Administrator
77 South High Street, 17th Floor
Columbus, Ohio 43215

SUPERVISING PHYSICIAN INFORMATION

Supervising Physician Name (last, first, middle):

Supervising Physician Ohio License Number:

Practice Name:

Practice Address:

City:	County:	State:	Zip Code:
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Office Phone Number: ()	Office Fax Number: ()
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**The Credential mail address is the address where all mailings will be sent regarding this application.
This section must be completed.**

Credential Mail Address:

City:	State:	Zip Code:
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Contact Person:	Office Phone Number: ()	Office Fax Number: ()
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PHYSICIAN ASSISTANT SITE LOCATIONS

Will the Physician Assistants be utilized solely in a hospital registered with the Ohio Department of Health or a healthcare facility licensed by the Ohio Department of Health under Section 3702.30, Ohio Revised Code?

Yes: (No physician assistant supervisory plan needed)

No: (Physician Supervisory Plan *required*)

Both: (Physician Supervisory Plan *required for office based services*)

Submit a list of all locations in which the Physician Assistants will be utilized on the form provided on the following page. Note: A SUPERVISORY PLAN IS REQUIRED IF A PHYSICIAN ASSISTANT, WHILE UNDER YOUR SUPERVISION, WILL BE WORKING IN AN OFFICE SETTING.

PHYSICIAN ASSISTANT SITE LOCATIONS (CONTINUED)**Office Practice's****Office Practice Name:**

Practice Address:

City:

County:

State:

Zip Code:

Office Phone Number:

()

Office Fax Number:

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Office Practice Name:

Practice Address:

City:

County:

State:

Zip Code:

Office Phone Number:

()

Office Fax Number:

()

Office Practice Name:

Practice Address:

City:

County:

State:

Zip Code:

Office Phone Number :

()

Office Fax Number :

()

Hospital or Health Care Facilities**Hospital or Health Care Facility Name:**

Hospital/Facility Registration Number:

Facility Address:

City:

County:

State:

Zip Code :

Office Phone Number :

()

Office Fax Number :

()

Hospital or Health Care Facility Name:

Hospital/Facility Registration Number:

Facility Address:

City:

County:

State:

Zip Code :

Office Phone Number:

()

Office Fax Number:

()

Hospital or Health Care Facility Name:

Hospital/Facility Registration Number:

Facility Address:

City:

County:

State:

Zip Code:

Office Phone Number:

()

Office Fax Number:

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AFFIDAVIT OF SUPERVISING PHYSICIAN

The above statements are complete and accurate to the best of my knowledge. I have read and understand Chapter 4730. of the Ohio Revised Code and the rules and regulations set forth by the State Medical Board of Ohio regarding Physician Assistants.

I understand that as a supervising physician I assume legal liability for the services provided by the physician assistant(s) that are under my supervision.

I further agree that I will supervise any physician assistant(s) listed in this "Physician Assistant Supervision Agreement" in accordance with Section 4730.21, Ohio Revised Code, upon approval of the State Medical Board.

Supervising Physician signature:

Date:

This form may be copied if additional space is needed



PHYSICIAN ASSISTANT SUPERVISION AGREEMENT APPLICATION

PHYSICIAN ASSISTANT SIGNATURE SHEET

I (we) have read and agree to abide by the policies of the health care facility(s) listed in this application or to perform only those duties as outlined in the Physician Supervisory Plan that has been approved by the State Medical Board and was

submitted by _____
(Supervising Physician's Name)

_____ <i>Physician Assistant Name (Please print):</i>	_____ <i>Certificate to Practice Number:</i>
_____ <i>Physician Assistant signature:</i>	_____ <i>Date:</i>
_____ <i>Physician Assistant Name (Please print):</i>	_____ <i>Certificate to Practice Number:</i>
_____ <i>Physician Assistant signature:</i>	_____ <i>Date:</i>
_____ <i>Physician Assistant Name (Please print):</i>	_____ <i>Certificate to Practice Number:</i>
_____ <i>Physician Assistant signature:</i>	_____ <i>Date:</i>
_____ <i>Physician Assistant Name (Please print):</i>	_____ <i>Certificate to Practice Number:</i>
_____ <i>Physician Assistant signature:</i>	_____ <i>Date:</i>
_____ <i>Physician Assistant Name (Please print):</i>	_____ <i>Certificate to Practice Number:</i>
_____ <i>Physician Assistant signature:</i>	_____ <i>Date:</i>
_____ <i>Physician Assistant Name (Please print):</i>	_____ <i>Certificate to Practice Number:</i>
_____ <i>Physician Assistant signature:</i>	_____ <i>Date:</i>

THIS FORM MAY BE COPIED IF ADDITIONAL SPACE IS NEEDED