

Registration Fee \$50

For Board use only
Date Filed: _____
Fee Paid: _____
Date Issued: _____
License #: _____

State of Maine Uniform Application for Physician Assistant Registration

Maine Board of Osteopathic Licensure
142 State House Station
Augusta, ME 04333-0142
www.maine.gov/osteo

Maine Board of Licensure in Medicine
137 State House Station
Augusta, ME 04333-0137
www.maine.gov/md

The Primary Supervising Physician (PSP) must complete the plan of supervision portion of this form. The PSP must ensure that the physician assistant is competent to perform all duties delegated to the physician assistant.

When filled out completely, this application may be used as the plan of supervision. If this application is not used as the plan of supervision, the application must be completely filled out and the plan of supervision attached.

The PSP 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 years.

Requested Start Date: _____

Physician Assistant Name		Maine License #
Proposed Practice Name and Address		
City	State, Zip Code	Business Phone#

Primary Supervising Physician Name MD DO		Maine License #
Physician Primary Practice Name and Address		
City	State, Zip Code	Business Phone#

Proposed Secondary Practice Site Name and Address		
City	State, Zip Code	Business Phone#

Medical Services and Procedures

A PSP and any covering or secondary supervising physician(s) must be competent to perform the duties delegated to the physician assistant.

The supervising physician(s) may limit the degree of independent judgment that the physician assistant uses but may not extend it beyond the limits of the plan of supervision. The physician assistant may perform at the direction of the PSP or covering or secondary supervising physician only those medical services as included in the plan of supervision. The degree of supervision for procedures must be based on the level of competency of the physician assistant as judged by the supervising physician(s).

Please describe the medical services and procedures common to the practice that the physician assistant will provide.

Medical services and procedures common to the practice:

Licensed Facilities (Hospitals, Nursing Homes, etc.) where the physician assistant will provide medical services.

Name of Facility Street Address City Zip Code

Covering Supervising Physician(s) (During Periods of Absence or Vacation of Primary Supervising Physician)

A covering supervising physician must be designated in the plan of supervision or designated in a written document that is kept on file with the plan of supervision. The covering supervising physician provides direction and regular review of the medical services of the physician assistant when the PSP is unavailable for short periods of time, and agrees to be legally liable and responsible for all delegated medical services rendered by the physician assistant. The covering supervising physician must sign the Covering/ Secondary Supervisor Acknowledgement (attached) which is kept with the plan of supervision or sign a substantially similar document that is kept on file with the plan of supervision.

Specialty Secondary Supervising Physicians

A secondary supervising physician is a medical specialist who will be providing supervision to the physician assistant in their medical specialty. List the specialty and name of any secondary supervising physician(s) here.

Specialty Physician Name License #

Chart Review

The **Primary Supervising Physician** will review _____% of physician assistant charts per month.

If there is a **secondary supervising physician** supervising the physician assistant they will review _____% of physician assistant charts per month.

Supervisory Arrangements

Describe the relationship of, and access to, the PSP and a description of physician supervision when the PSP is not available. In such a circumstance, a covering supervising physician should be available for direct consultation.

Describe the relationship of, and access to, any secondary supervising physicians and a description of physician supervision when the secondary supervising physician is not available. In such a circumstance, a covering supervising physician in the same medical specialty should be available for direct consultation.



Evaluating Physician Assistant Performance

Supervising physicians are responsible for periodically evaluating the performance of physician assistants who render medical services under their delegation.

Describe the mechanism and process for evaluating the physician assistant's performance by the PSP and any secondary supervising physicians. The process must include at least two documented meetings each licensure year between the PSP and the physician assistant during the physician assistant's two-year licensing cycle to evaluate the physician assistant's performance (semi-annual evaluations). All four semi-annual evaluations shall be documented on a form attached to the most current plan of supervision. If the PSP supervises the physician assistant for less than six months of a licensure year, only one evaluation need be completed for that licensure year. Semi-annual evaluations must be signed

by the PSP and the physician assistant and the information must be kept with the plan of supervision. Each semi-annual meeting evaluation shall address the following areas:

- (a) clinical and procedural care delivery, including physician assistant supervision of medical assistants;
- (b) patient relations and professionalism;
- (c) documentation review. It is recommended that a representative sample of patient charts be reviewed on a routine basis; and
- (d) prescriptive practices. Special attention shall be devoted to the prescribing of controlled substances, if such prescribing is authorized. If controlled substances are prescribed a review of Prescription Monitoring Program reports shall be conducted.

If the physician assistant is routinely working under the supervision of a secondary supervising physician, then the secondary supervising physician shall also perform semi-annual evaluations that shall address the same areas as noted above.

Description of mechanism for evaluating the physician assistant's performance as required above.
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Physician Assistant Prescribing, Administering, and Dispensing of Controlled Substances

If authorized and delegated by the primary supervising physician, the delegation of the authority to prescribe, administer, or dispense scheduled drugs must be specifically included in the written plan of supervision and must identify which scheduled drugs (e.g. Schedule II, Schedule III, etc.) the physician assistant is authorized to prescribe, administer or dispense. Please list the schedules approved below, with any specific exceptions to those schedules.

The primary supervising physician shall perform a review of the physician assistant’s scheduled drug prescribing practices every three months during the first year of the physician assistant’s delegation of scheduled drug prescribing authority in the plan of supervision. Thereafter, the primary supervising physician shall conduct such a review every six months. All reviews shall include a review of patient charts and a review of the Prescription Monitoring Program (PMP) reports. The primary supervising physician shall take corrective action regarding any deficiencies noted regarding the physician assistant’s scheduled drug prescribing practices.

Physician assistants may not prescribe Methadone, Suboxone (Buprenorphine), or Subutex unless allowed under state and federal laws. If permitted under state and federal laws, and if delegated by the primary supervising physician, the authority to prescribe Methadone, Suboxone (Buprenorphine), or Subutex must be specifically included in the written plan of supervision.

Physicians are ultimately responsible for the prescribing practices of the physician assistants working under their delegation, and should closely monitor the prescribing of all scheduled drugs and controlled substances. Inappropriate prescribing practices by a physician assistant shall constitute grounds to discipline the physician assistant and supervising physician(s).

Please check one:

- (1) The Physician Assistant will not be prescribing Controlled Substances.
- (2) The Physician Assistant will be prescribing (circle all that apply) Schedule II, Schedule III, Schedule IV, Schedule V, Controlled Substances.

We attest that, if #2 is checked, the Primary Supervising Physician will supervise the physician assistant’s prescribing practices as described above.

Physician Assistant Signature Date

Primary Supervising Physician Signature Date

Attestation

By signing below, we certify that:

- We have read and understand the requirements of the Chapter 2 Joint Rule Regarding Physician Assistants.
- We have read and understand the requirements of the Chapter 21 Joint Rule Use of Controlled Substances for the Treatment of Pain.
- We are in full compliance with the laws and regulations governing the practice of physician assistants and supervising physicians and acknowledge that violations of laws or regulations governing the practice of medicine may subject the physician assistant and the primary supervising physician to disciplinary action.
- We understand that the physician assistant and the primary supervising physician must keep a copy of the plan of supervision and immediately produce it to the Boards upon request.
- We understand that the Boards may request a meeting with the physician assistant and primary supervising assistant to discuss the plan of supervision.
- We understand the following: the primary supervising physician, secondary supervising physician, and covering supervising physician must be competent to perform the duties delegated to the physician assistant by the supervising physician. The supervising physician is 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 grounds for discipline.

This registration is jointly agreed to and submitted by (please sign and print your names below).

Physician Assistant Name	Maine License #
Signature	Date
Primary Supervising Physician Name	Maine License #
Signature	Date
Covering Supervising Physician Name	Maine License #
Signature	Date

Performance Review Documentation

Semiannual Review

Date Reviewed _____

PA Signature _____

PSP _____

Annual Review

Date Reviewed _____

PA Signature _____

PSP _____

Semiannual Review

Date Reviewed _____

PA Signature _____

PSP _____

Annual Review

Date Reviewed _____

PA Signature _____

PSP _____

This document, or a reasonable substitute, must be maintained with the plan of supervision.

The attached Plan of Supervision for _____ has been reviewed and agreed to by the following covering supervising physicians:

Covering Supervisor: _____ License: _____ Date: _____

Covering Supervisor: _____ License: _____ Date: _____

Covering Supervisor: _____ License: _____ Date: _____

Covering Supervisor: _____ License: _____ Date: _____

Covering Supervisor: _____ License: _____ Date: _____

Covering Supervisor: _____ License: _____ Date: _____

Covering Supervisor: _____ License: _____ Date: _____

Covering Supervisor: _____ License: _____ Date: _____

Covering Supervisor: _____ License: _____ Date: _____

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Covering Supervisor: _____ License: _____ Date: _____

Covering Supervisor: _____ License: _____ Date: _____

Covering Supervisor: _____ License: _____ Date: _____

Covering Supervisor: _____ License: _____ Date: _____

Covering Supervisor: _____ License: _____ Date: _____

Secondary Supervisor: _____ License: _____ Date: _____

Secondary Supervisor: _____ License: _____ Date: _____

Secondary Supervisor: _____ License: _____ Date: _____

Secondary Supervisor: _____ License: _____ Date: _____

Secondary Supervisor: _____ License: _____ Date: _____

The signatures and dates on this page can be no greater than 3 months prior to the start date.

NOTICE OF TERMINATION OF PLAN OF SUPERVISION

Please be advised that:

_____, PA License number _____
(Please Print)

_____, MD/DO, License number _____
(Please Print)

terminated their Plan of Supervision as of _____.
(Date)

Signature: _____ Date: _____
(Physician Assistant or Supervising Physician only)

NOTE:

Per Joint Rule Chapter 2 section 6 (2) notification of termination must be provided by the physician assistant within ten (10) calendar days. Failure to notify the appropriate Board within the time frame may result in a \$100 citation or disciplinary action.

Please complete and mail or fax this form to:

Maine Board of Osteopathic Licensure
142 State House Station
Augusta, ME 04333-0142
Fax: (207) 536-5811

Maine Board of Licensure in Medicine
137 State House Station
Augusta, ME 04333-0137
Fax: (207)287-6590
