

For Board Use Only
 Date Filed: _____
 Date Reviewed by Board: _____
 Approved _____ / Not Approved _____
 License #: _____

<p>State of Maine Uniform Application for Approval of Collaborative or Practice Agreement</p>

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

I am submitting for approval (check one):

____ Collaborative Agreement: means a document agreed to by a physician assistant and a physician that describes the scope of practice for the physician assistant as determined by the practice setting and describes the decision-making process for a health care team, including communication and consultation among health care team members. A collaborative agreement is subject to review and approval by the Board.

____ Practice agreement: means a document agreed to by a physician assistant who is the principal clinical provider in a practice and a physician that states the physician will be available to the physician assistant for collaboration or consultation. A practice agreement is subject to review and approval by the Board.

Start Date: ____/____/____

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

Location where the physician assistant will provide medical services.

Name of Facility Street Address City Zip Code

Name of Facility	Street Address	City	Zip Code

Collaborative Arrangements

Describe the relationship of, and access to, the collaborating physician and a description of physician collaborative/consultative arrangements.

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.
- We understand that the physician assistant is legally liable for all medical acts performed by her/him and any medical acts delegated by the physician assistant.
- We understand that the physician assistant must keep a copy of the written collaborative/practice agreement at the main practice location and immediately produce it to the Board upon request.
- We understand that the Board may request a meeting with the physician assistant to discuss the scope of practice proposed in any collaborative/practice agreement.
- We understand the following: the physician assistant must be competent to provide the medical services delineated in the collaborative/practice agreement and must conform her/his scope of practice to the one delineated in the collaborative/practice agreement that has been approved by the Board. Any medical acts performed by the physician assistant that are outside the scope of practice of the collaborative/practice agreement 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
Collaborating Physician Name	Maine License #
Signature	Date