State of Maine Uniform Notice of Employment in a Health Care System or Physician Group Practice for Physician Assistants with Less than 4,000 Hours of Clinical Experience

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

Start Date: ____/_____/_____

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

Health Care Facility Name		
Health Care Facility Address		
City	State, Zip Code	Business Phone#

Attestation

By signing below, we certify that:

- The physician assistant named above is an employee of and/or working in this health care facility and is subject to credentialing and privileging processes, which include written professional competence reviews.
- We have read and understand the requirements of the Chapter 2 Joint Rule Regarding Physician Assistants.
- 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 the following: the physician assistant must be competent to provide the medical

services and must conform her/his scope of practice to the one delineated by the credentialing and privileging process. Any medical acts performed by the physician assistant that are outside the scope of practice may constitute grounds for discipline.

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

Physician Assistant Name	Maine License #
Signature	Date

Health Care System/Physician Group Practice Credentialing Supervisor Name	Telephone or e-mail
Signature	Date