

TELEPHONE: (601) 987-3079

FAX: (601) 987-4159



MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

PHYSICIAN ASSISTANT PRACTICE REGISTRATION FORM

Physician assistant must have a current Mississippi license before obtaining authorization for physician supervision. Complete and return this form and any required attachments to the Mississippi State Board of Medical Licensure prior to practicing in Mississippi. **Physician assistant shall not practice without written approval from this Board.**

The physician assistant shall notify the Board in writing immediately upon the physician assistant's termination; physician retirement; withdrawal from active practice; or any other change in employment, functions or activities. Failure to notify can result in disciplinary action.

PHYSICIAN ASSISTANT DATA:

Name: _____ MS License #: _____

Practice Address: _____

Email Address: _____

(All correspondence will be sent via email.)

Contact Telephone Number: _____ Area of Specialty: _____

Liability Insurance Carrier: _____

Anticipated Date of Employment: _____

Reason for Submitting this Form:

- | | | |
|--|--|--|
| <input type="checkbox"/> Initial protocol approval request | <input type="checkbox"/> Changing primary physician
(Updated written protocol must be submitted) | <input type="checkbox"/> Deleting backup physician(s) |
| <input type="checkbox"/> Adding backup physician(s) | <input type="checkbox"/> Changing backup physician(s) | <input type="checkbox"/> Deleting practice location(s) |
| <input type="checkbox"/> Adding practice location(s) | <input type="checkbox"/> Changing practice location(s) | <input type="checkbox"/> Deleting protocol |
| <input type="checkbox"/> Adding protocol(s) | <input type="checkbox"/> Revising current protocol | <input type="checkbox"/> Other |
| <input type="checkbox"/> Secondary Practice Location | _____ | _____ |
| | _____ | _____ |

Brief explanation of requested changes: _____

**PHYSICIAN ASSISTANT PRACTICE REGISTRATION FORM
PRIMARY SUPERVISING PHYSICIAN**

A supervising physician must hold a **current unrestricted** Mississippi license and be in the full-time practice of medicine. The primary practice location should be the same location registered with the Mississippi State Board of Medical Licensure and the United States Drug Enforcement Administration. Every physician supervising a physician assistant shall be qualified in the same specialty.

PRIMARY SUPERVISING PHYSICIAN DATA:

Name: _____ MS License #: _____

Primary Practice Address: _____

Email Address: _____

(All correspondence will be sent via email.)

Contact Telephone Number: _____ Area of Specialty: _____

Liability Insurance Carrier: _____

List hospitals where physician assistant may obtain privileges:

List other practice locations where physician assistant may practice:

The following must be returned with this form:

- A certificate of insurance providing coverage for physician assistant.
- A written protocol signed by primary physician and physician assistant.
- Executed Physician Assistant Memorandum of Understanding.

INSTRUCTIONS FOR SUBMITTING PROTOCOL

ALTHOUGH LICENSED, NO PHYSICIAN ASSISTANT SHALL PRACTICE UNTIL A DULY EXECUTED PROTOCOL HAS BEEN APPROVED BY THE BOARD.

LOCATION

List specific locations and facilities in which the physician assistant will function.

ACTIVITIES

List specific activities and patient services which will be performed by the physician assistant taking into consideration the specialty of the supervising physician. Protocol must outline diagnostic and therapeutic procedures.

PRESCRIPTIVE AUTHORITY

List categories of pharmacologic agents which may be ordered, administered, dispensed and/or prescribed for patients with diagnoses identified by the physician assistant.

Physician assistant applicants applying for prescriptive authority for Schedules II - IV, must complete a Board approved educational program prior to making application. The application submitted must include a certificate of completion before approval will be considered.

SUPERVISION

Describe how the supervising physician and physician assistant plan to implement the protocol, the method and manner of supervision, consultation, referral and liability.

BACKUP COVERAGE

Provide a list of backup physicians including name, speciality, and Mississippi medical license number. The backup physician must have a current unrestricted license in Mississippi and must be practicing in the same community as the physician assistant.

INSURANCE COVERAGE

List the insurance carrier and the entity/physician/physician assistant that holds the insurance. Copy of coverage must accompany protocol.



Mississippi State Board of Medical Licensure

1867 Crane Ridge Drive, Suite 200 B

Jackson, MS 39216

601-987-3079

Physician Assistant Memorandum of Understanding

1. New graduate physician assistants and all physician assistants whose Mississippi license is their initial license require the on-site presence of a supervising physician for 120 days or its equivalent of 960 hours.
2. The physician assistant's practice shall be confined to the primary office or clinic of the supervising physician or any hospital(s) or clinic or other healthcare facility within 30 miles of where the primary office is located, wherein the supervising physician holds medical staff privileges.
3. The supervising physician must provide adequate means for communication with the physician assistant. Communication may occur through the use of technology which may include, but is not limited to, radio, telephone, fax, modem, or other telecommunication device.
4. The supervising physician shall, on at least a monthly basis, conduct a review of the records/charts of at least ten percent (10%) of the patients treated by the physician assistant, said records/charts selected on a random basis. During said review, the supervising physician shall note the medical and family histories taken, results of any and all examinations and tests, all diagnoses, orders given, medications prescribed, and treatments rendered. The review shall be evidenced by the supervising physician placing his or her signature or initials at the base of the clinic note, either electronically or by hand, and shall submit proof of said review to the Board upon request.
5. It is the right and obligation of the supervising physician to monitor the controlled medications prescribed by the physician assistant through the Board of Pharmacy Prescription Monitoring Program. This should be part of the monthly quality improvement discussion.
6. The physician assistant shall notify the Board in writing immediately upon the physician assistant's termination; physician retirement; withdrawal from active practice; or any other change in employment, functions or activities. Failure to notify can result in disciplinary action.
7. Any physician assistant who is licensed to practice as a physician assistant in this state and changes his or her practice location or mailing address, shall immediately notify the Board in writing of the change. Failure to notify within 30 days could result in disciplinary action.
8. Protocols should be followed. All changes must be submitted in writing to the Board for approval. Changes in protocol must be approved by the Board prior to changes being implemented.
9. Physician assistant licenses must be renewed prior to June 30 each year. Physician assistants must complete 50 hours of CME each year, 20 hours of which must be Category 1. Physician assistants may meet this requirement by current NCCPA certification. A physician assistant authorized to prescribe controlled substances must complete 10 hours of CME related to prescribing medications with an emphasis on controlled substances.

10. Prior to the supervision of a physician assistant, the physician's and/or physician assistant's insurance carrier must forward to the Board a Certificate of Insurance.
11. A physician assistant may receive and distribute pre-packaged medications or samples of non-controlled substances for which the physician assistant has prescriptive authority. **Physician assistants may not receive samples of controlled substances.**
12. Physician supervision means overseeing activities of, and accepting responsibility for, all medical services rendered by the physician assistant. Supervision must be continuous, but shall not be construed as necessarily requiring the physical presence of the supervising physician.
13. Physician assistant shall not advertise or otherwise hold themselves out in any manner which would tend to mislead the general public or patients. Physician assistants shall at all times when on duty wear a name tag, placard or plate identifying themselves as physician assistants.

By signing below, I certify that I have reviewed the current rules and regulations of the Board pertaining to physician assistants and understand my responsibilities. I have read and understand that as a physician, backup physician or physician assistant, I assume legal liability for the services provided.

Supervising Physician Signature

Printed Name

License Number Date

Physician Assistant Signature

Printed Name

License Number Date

Backup Supervising Physician Signature

Printed Name

License Number Date

Backup Supervising Physician Signature

Printed Name

License Number Date

Backup Supervising Physician Signature

Printed Name

License Number Date

Backup Supervising Physician Signature

Printed Name

License Number Date

***Additional backups may be added on a supplemental sheet.**