

INSTRUCTIONS FOR SUBMITTING PROTOCOL

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 physician. Also, 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 Schedule I - IV, must complete a Board approved educational program prior to making application. The application submitted must include a certificate of completion and a letter of need from the supervising physician before approval will be considered.

Protocol shall include documentation that the supervising physician will monitor the controlled medications prescribed by the physician assistant through the Board of Pharmacy Prescription Monitoring Program and will be part of the monthly quality improvement discussion.

SUPERVISION

Describe the methods to be used to ensure responsible direction and control of the activities of the physician assistant including the review of files and scheduled conferences between the supervising physician and the physician assistant. Request for Statement of Responsibility of Primary Physician form must accompany protocol.

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. Request for Approval Statement of Responsibility of Backup Physician form must accompany protocol.

INSURANCE COVERAGE

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

DOS AND DON'TS

Don't use the phrase "not limited to".

Don't use "dispense". Board of Pharmacy law does not allow intermediate practitioners to dispense.

Do include the verbiage, "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."



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 new physician assistants practicing in MS must have on-sight supervision for 120 days. If PA changes specialities, the PA must have on-sight supervision for 120 days.
2. The physician assistant and the supervising physician must be in the same community when practicing.
3. The supervising physician must randomly review at least 10% of the PA's charts monthly. During the review, the supervising physician should note the medical and family histories taken, results of any and all examinations, tests, all diagnoses, orders given, medications prescribed, and treatments rendered. The review should be evidenced by the supervising physician placing their initials or a signature next to each of the above areas of review and is required to submit proof of the review upon request.
4. 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.
5. No physician will supervise more than two physician assistants at any one time. A physician supervising two nurse practitioners may not supervise a physician assistant.
6. **The physician and physician assistant are required to notify the Board in writing immediately upon the PA's termination; physician retirement; withdrawal from private practice; or any other change in employment, functions or activities.**
7. Physician assistant cannot practice in the absence of a supervising physician without the back-up physician being in the same community.
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. A physician assistant's license is required to be renewed prior to June 30 each year. A physician assistant must be currently NCCPA certified or present 50 CME hours in which 20 hours must be Category 1. If the physician assistant has prescribing privileges, the physician assistant must have 10 hours of which must be related to prescribing medications with an emphasis on controlled substances.
10. Prior to the supervision of the PA, the physician or PA must forward to the Board a Certificate of Insurance.

11. A PA may receive and distribute prepackaged medications or samples of noncontrolled substances for which the PA has prescriptive authority; however, the PA may not receive samples of controlled substances.
12. The supervising physician is responsible for the physician assistant's actions.
13. The supervising physician is responsible for ensuring that the PA, under his supervision, does not advertise or otherwise hold himself out in any manner which would tend to mislead the general public or patients. The PA must at all times when on duty wear a name tag, placard, or plate identifying themselves as a PA. Signs should be posted in the office or lobby to identify that a physician assistant is on duty.

By signing below, I certify that the attached protocol is complete and accurate to the best of my knowledge. I have read and understand that as a physician, backup physician or physician assistant, I assume legal liability for the services provided. I also have read and understand the requirements listed above.

Supervising Physician Signature

Backup Physician Signature

License Number _____

License Number _____

Date _____

Date _____

Physician Assistant Signature

License Number _____

Date _____

County of _____

State of _____

Sworn to and subscribed before me this _____ day of _____ in the year of _____.

Notary Public

(SEAL)

My Commission Expires _____



MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
1867 Crane Ridge Drive · Suite 200B, Jackson, Mississippi 39216

Physician Supervision of 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 scheduling your telephone conference. Physician assistant shall not practice without written approval from this Board.

The physician assistant and physician should immediately notify the Board in writing of any changes in employment, practice location, or any information submitted in this application. Having backup physicians is not a requirement, but should the primary physician not practice the physician assistant cannot practice.

PHYSICIAN ASSISTANT DATA:

Name: _____ MS License #: _____

Mailing Address: _____

Email Address: _____
(All correspondence will be sent via email.)

Home telephone: _____ Area of Specialty: _____

Liability Insurance carrier: _____

Physician Assistant Date of Employment: _____

Reason for Submitting this Form:

- | | | |
|--|--|---|
| <input type="checkbox"/> Initial registration | <input type="checkbox"/> Changing primary physician | <input type="checkbox"/> Deleting backup physician(s) |
| <input type="checkbox"/> Adding backup physician(s) | (Termination letter from current physician must be submitted.) | (Termination letter from current backup must be submitted.) |
| <input type="checkbox"/> Adding practice location(s) | <input type="checkbox"/> Changing backup physician(s) | <input type="checkbox"/> Deleting practice location(s) |
| <input type="checkbox"/> Adding protocol(s) | (Termination letter from current backup must be submitted.) | <input type="checkbox"/> Deleting protocol |
| | <input type="checkbox"/> Changing practice location(s) | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Revising current protocol | _____ |
| | | _____ |

A supervising physician must hold a current unrestricted Mississippi license and is 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. No physician shall supervise more than two physician assistants or more than one if supervising a nurse practitioner at any time.

PRIMARY SUPERVISING PHYSICIAN DATA:

Name: _____ MS License # _____

Primary practice location: _____

Mailing address: _____

Email address: _____

Telephone number: _____ Area of Specialty: _____

Liability Insurance carrier: _____

DEA number _____

Are you currently supervising a physician assistant and/or nurse practitioner? _____

Hospital Privilege(s)	Name of Hospital	Address
_____	_____	_____
_____	_____	_____

List Other practice location(s): Clinic/Address	Telephone number
_____	_____
_____	_____
_____	_____

The following is a list of items to be returned with your form to include but not limited to:

- ▶ A Certificate of Insurance from physician's or PA's liability carrier
- ▶ A written protocol signed by primary physician and PA
- ▶ Statement of Responsibility of Primary Physician
- ▶ Statement of Responsibility of Backup Physician (if applicable)
- ▶ Executed Physician Assistant Memorandum of Understanding

