



Osteopathic Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Osteopathic Physician Assistant Delegation Agreement

Name of Physician Assistant		NCCPA Certification #	License # if applicable
Business address			
City		State	Zip Code
Phone (enter 10 digit #)	Email Address		County
Primary Supervising Osteopathic Physician (DO Only) (Required)			
Physician name		Specialty	License #
Business address			
City		State	Zip Code
Phone (enter 10 digit #)	Email Address		County
Alternate Supervisor (DO or MD)			
Physician name		Specialty	License #
Business address			
City		State	Zip Code
Phone (enter 10 digit #)	Email Address		County
Physician Group			
Business Name			
Business address			
City		State	Zip Code
Contact Name		Contact Phone #	
Contact Email Address		Medical Staff Office Phone #	

Standardized Procedures Reference and Guidelines

Responsibility:

The supervising physician and Osteopathic Physician Assistant (PA) are both professionally and personally equally responsible for any act performed by the PA as it relates to the practice of medicine.

Supervision of the PA by the physician is the defining hallmark of PA practice and is viewed by physicians and PAs as the major strength of their professional relationship.

Scope of Practice:

PAs may only provide those services that they are competent to perform based on their education, training, and experience and which are consistent with this delegation agreement. The supervising physician and the PA shall determine which procedures may be performed and the degree of supervision under which the PA performs the procedure.

No physician who is designated as a supervising or alternate physician for any PA shall allow that PA to practice in any area of medicine or surgery that is beyond the physicians own usual scope of expertise and practice.

An Interim Permit holder may not practice in remote sites.

Physician Assistant Supervision:

The primary supervisor and the physician assistant must agree upon a plan of supervision based on the physician assistant's training and experience. Specified record reviews and periodic performance evaluations must be part of that plan. Adjustments to the plan must reflect the physician assistant's on-going practice.

Prescriptive Authority:

This delegation agreement allows the PA to prescribe, to order, to administer and to dispense legend drugs and Schedule II-V controlled substances. If a supervising or alternate physician's prescribing privileges are restricted, the PA will be deemed similarly restricted.

Practice Site: (Mark all that apply.)

A. The PA will be in the same practice site as the supervising physician. When the PA assistant is on duty, the supervising physician or the alternate physicians or physician member of the group practice will be available for on-site supervision or telephone consultation at all times.

B. The PA will be practicing in a remote site. **If applicable, complete the attached Remote Site Request Form.** Individuals holding an Interim Permit may not practice in a remote site. A remote site is defined as a setting physically separate from the supervising physician's primary place for meeting patients. Or a setting where the physician is present less than twenty-five percent of the practice time of the licensee.

[\(RCW 18.57A.035\)](#)

Practice Sites	% of time in a week PA spends at each setting
Primary Care or Specialty Care Clinic	
Mental Health Facility	
Chemical Dependency Settings	
Home Visit	
Hospital	
Correctional Facility	
Ambulatory Surgical Center	
Adult Family Home Visits	
Nursing Home/Rehabilitation	
Free Standing Urgent Care Clinics	
Emergency Rooms	
Retail Clinics	
Medical Spas	
Hospice Care	
Occupational Medicine	
Other – Please describe	

Practice Arrangements

1. Describe the duties to be performed by PA in each of the practice settings selected above. (Attach additional paper if necessary)

2. Supply a detailed plan for supervision and chart review as required in [WAC 246-854-021\(2\)](#).

3. No physician may supervise more than five PAs without written authorization by the Board. See [RCW 18.57A.040](#). If approval of this delegation agreement results in the supervision of more than five physician assistants, please explain the necessity.

Periods of Absence/Vacation

When the supervising physician is away from the office or practice location for any period of time, including vacation, continuing education or illness:

Check one

A designated alternate physician will supervise the PA at all times in accordance with this practice description.

The PA will cease to function as such, as no alternate supervisor has been designated.

Other Current Practice Plans:

1. List by name all PAs this physician currently supervises.

2. List by name all the physicians with which this PA has a current delegation agreement.

Termination:

If this delegation agreement is terminated, the board must be notified in writing of that termination by either a letter or email. See [WAC 246-854-021\(8\)](#).

Send notification to:

Osteopathic Credentialing
PO Box 47877
Olympia, Washington 98504

Email: HSQACredentialing@doh.wa.gov

Fax: 360-236-4918

We hereby certify under penalty of perjury under the laws of the State of Washington that the foregoing information in this delegation agreement is correct to the best of our knowledge and belief. We further certify we have reviewed the current rules and regulations of the Board of Osteopathic Medicine and Surgery pertaining to osteopathic physician assistants and this practice description and understand our roles and responsibilities.

Signature of Osteopathic Physician Assistant

Date

Signature of Supervising Osteopathic Physician

Date

Signature of Alternate Physician

(Only required if single alternate supervisor is listed.)

Date

Retain a copy of this delegation agreement as reference and guide for review by a Department of Health representative in the event of a site-review visit.