



Washington State Department of  
**Health**

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

## Osteopathic Physician Assistant Remote Site Request Form

A remote site is a practice location where the osteopathic physician is present less than 25% of the practice time of the certified osteopathic physician assistant. See [RCW 18.57A.035](#).

Name of Physician Assistant		License #
Primary Supervisor Name		License #
Name of Remote Site		Phone (enter 10 digit #)
Address of remote site		
City	State	Zip Code

### Remote Site Practice Questions:

1. Will the Osteopathic Physician Assistant practice in more than one remote site setting?  Yes  No  
If yes, list all remote sites. If more than two remote sites, please attach additional pages.

Practice Sites (Please mark all that is applicable to this request.)	What percentage of time per week does the Osteopathic PA spend at each setting?	What percentage of time per week does the supervising physician spend at each setting?	What percentage of time per week are the supervising physician at each setting at the same time?
Supervising physician's primary practice site:			
Remote Site Address:			
Remote Site Address:			

1. Supply a detailed plan for supervision and chart review as provided in [WAC 246-854-015](#).

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2. Include an explanation of the community need for utilization of the osteopathic physician assistant in the remote site. (Please see [WAC 246-854-025](#) Remote Site.)

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3. Explain the arrangement made for the osteopathic physician and certified osteopathic physician assistant to communicate in emergent situations.

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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.

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Signature of Osteopathic Physician Assistant

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Date

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Signature of Supervising Osteopathic Physician

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Date

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Signature of Alternate Physician  
(Only required if single alternate supervisor is listed.)

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Date

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