



Washington State Department of
Health

Medical Quality Assurance Commission

P.O. Box 47866

Olympia, WA 98504-7866

Phone – Last name begins with:

360.236.2766 (A–L)

360.236.2767 (M–Z)

Physician Assistant Practice Arrangement Plan and Standardized Procedures Reference & Guidelines

Choose One: **Certified** **Non–Certified**

Certified Physician Assistant: In Washington State a certified physician assistant is an individual who has graduated from an accredited physician assistant program and has passed the initial National Commission on Certification of Physician Assistants (NCCPA) examination.

Non-Certified Physician Assistant: In Washington State a non-certified physician assistant is an individual who is not eligible for or who has never passed the NCCPA examination.

Physician Assistant Data

Physician Assistant Name	License #	NCCPA Certification #
Primary Business Address		
City	State	Zip Code

Supervising Physician Data (MD Only)

Physician Name	License #	Specialty?
Primary Business Address		
City	State	Zip Code
Contact Number & Email Address		Work Phone #

Alternate Supervising Physician Data (MD or DO)

Physician Name	License #	Specialty?
Primary Business Address		
City	State	Zip Code
Contact Phone # & Email Address		Work Phone #

Physician Group

Business Name		
Primary 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 physician assistant are both professionally and personally equally responsible for any act performed by the physician assistant as it relates to the practice of medicine.

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

Scope of Practice:

Physician assistants may only provide those services that they are competent to perform based on their education, training, and experience and which are consistent with this practice plan. The supervising physician(s) and the physician assistant shall determine which procedures may be performed and the degree of supervision under which the physician assistant performs the procedure.

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

A non-certified physician assistant licensed after June 30, 2004, may not practice in remote sites. All charts of a non-certified physician assistant must be reviewed and countersigned by the supervision physician within two working days.

Prescriptive Authority:

This practice plan allows the certified or non-certified physician assistant to prescribe, to order, to administer and to dispense legend drugs and Schedule II-V controlled substances. If a supervising physician's prescribing privileges are restricted, the physician assistant will be deemed similarly restricted.

Practice Site: (Mark all that apply.)

- A. The physician assistant will be in the same practice site as the supervising physician. When the physician assistant is on duty, the supervising physician or the alternate physician(s) or physician member of the group practice will be available for on-site supervision or telephone consultation at all times.
- B. The physician assistant 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. ([WAC 246-918-120](#))

Practice Sites	Percentage of time physician assistant 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	
Note: Percentage of time should equal 100%	

Practice Arrangements

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

2. Describe the plan for supervision, such as face to face discussion, chart reviews, joint rounding, conference calls, performance evaluations, etc. (Attached additional paper if necessary)

3. No physician may supervise more than three physician assistants without authorization by the Commission. ([WAC 246-918-090](#)) If approval of this practice plan results in the supervision of more than three physician assistants, please explain the necessity.

Periods of Absence/Vacation

When the sponsoring 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(s) will supervise the physician assistant at all times in accordance with this practice description.

____ The physician assistant will cease to function as such, as no alternate supervisor has been designated.

Other Current Practice Plans:

- 1. List by name all physician assistants this physician currently supervises.

- 2. List by name all physicians this physician assistant has a current practice plan.

Termination:

If this practice plan is terminated, both the supervising physician and physician assistant must notify the Medical Quality Assurance Commission in writing of that termination by either a letter or email. ([WAC 246-918-110](#)) Send notification to Medical Quality Assurance Commission, PO Box 47866, Olympia, Washington 98504 or by email to medical.commission@doh.wa.gov or by fax to 360.236.2795.

Certification of Document:

The information in this practice plan is accurate to the best of our knowledge and belief.

_____ Print Name	_____ Signature of Physician Assistant	_____ Date
_____ Print Name	_____ Signature of Supervising Physician	_____ Date
_____ Print Name	_____ Signature of Alternate Physician (Not applicable if group practice)	_____ Date