Washington State Department of Health
Medical Quality Assurance Commission
P.O. Box 47866
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360-236-2750

Medical Quality Assurance Commission
Medical.Commission@doh.wa.gov
Fax: 360-236-2795

Physician Assistant Delegation Agreement and Standardized Procedures Reference and 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 (Required)		
Physician Assistant Name	License #	NCCPA Certification #
Primary Business Address		
City	State	Zip Code
Email Address		Phone (enter 10 digit #)

Primary Supervising Physician Data (MD Only) (Required)		
Physician Name	License #	Specialty?
Primary Business Address		
City	State	Zip Code
Email Address		Phone (enter 10 digit #)

Alternate Supervising Physician Data (MD or DO)		
Physician Name	License #	Specialty?
Primary Business Address		
City	State	Zip Code
Email Address		Phone (enter 10 digit #)

Physician Group (see WAC 246-918-005)		
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

Physician Assistant Supervision:
Supervision of the physician assistant by the MD is the defining hallmark of PA practice. The primary supervisor and the physician assistant should agree upon a plan of supervision based on the physician assistant's training and experience. Specified record reviews and periodic performance evaluations should be part of that plan. Adjustments to the plan should reflect the physician assistant's on-going practice.

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 MD(s) and the PA shall determine which procedures may be performed and the degree of supervision under which the PA performs the procedure.

The supervising physician for any physician assistant must not allow that PA to practice in any area of medicine or surgery that is beyond the MD's own usual scope of expertise and 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 MD's prescribing privileges are restricted, the PA will be deemed similarly restricted. The PA must be registered with the DEA to prescribe controlled substance.

Responsibility:
The supervising physician (MD) and 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.

Practice Site: (Mark all that apply.)

___ A. The PA will be in the same practice site as the supervising MD. When the physician assistant is on duty, the supervising MD or the alternate MD(s) or MD 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 as Interim Permit may not practice in a remote site. A remote site is defined as a setting physically separate from the supervising MD's primary place for meeting patients or a setting where the MD is present less than twenty-five percent of the practice time of the licensee. (**RCW 18.71A.035**)

Practice Sites	% of time or hours 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 general duties to be performed by PA 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 MD may supervise more than five physician assistant or no more than three in remote sites without written authorization by the Commission.
   See **RCW 18.71A.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 MD is away from the office or practice location for any period of time, including vacation, continuing education or illness: **Check one**

____ A designated alternate MD(s) 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. Is the supervising physician currently sponsoring other physician assistants in Washington State? If so, please list them.

   _____ _____ _____

   _____ _____ _____

   _____ _____ _____

2. Does the physician assistant have current delegation agreements with other MDs? If so, please list the primary supervisor.

   _____ _____ _____

   _____ _____ _____

   _____ _____ _____

Termination:

If this delegation agreement 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.
See **WAC 246-918-055**.

Send notification to:
Medical Quality Assurance Commission
P.O. Box 47866
Olympia, Washington 98504-7866
Email: medical.commission@doh.wa.gov
Fax: 360-236-2795.

Certification of Document:

The information in this delegation agreement 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 (MD or DO)	Date

If you have listed a designated alternate, the signature of the Alternate Physician is required.

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.