

FORM 5 –PRACTICE AGREEMENT

Initial Position
(first job in Oklahoma)

Additional Position
(add supervising physician, do not
delete any on file)

Transfer
(add separate page listing all
physicians that need to be deleted)

Physician Assistant Name: _____ **License #** _____

Mailing Address: _____

City, State Zip: _____

Phone Number: _____

Email Address: _____

Number of Years Practicing: _____ **Specialty:** _____

Name of Primary Practice: _____

Facility Type: _____

Address: _____

City, State Zip: _____

Phone Number: _____

Physician practicing at same location? **Yes** **No**

List any addition practice locations with same Delegating Physician on separate sheet. Must include: Name of Practice, Address and Phone Number.

Delegating Physician Name: _____ **License #** _____

Primary Practice Location: _____

City, State Zip: _____

Phone Number: _____

Email Address: _____

Number of Years Practicing: _____ **Specialty:** _____

“Practice Agreement” means a written agreement between a physician assistant and the delegating physician concerning the scope of practice of the physician assistant to only be determined by the delegating physician and the physician assistant based on the education, training, skills and experience of the physician assistant. The agreement shall involve the joint formulation, discussion and agreement on the methods of supervision and collaboration for diagnosis, consultation and treatment of medical conditions. 59 O.S. § 519.2(9).

1. DESCRIPTION OF THE SCOPE OF PRACTICE OF THE PHYSICIAN ASSISTANT

“Supervision” means overseeing or delegating the activities of the medical services rendered by a physician assistant through a practice agreement between a medical doctor or osteopathic physician performing procedures or directly or indirectly involved with the treatment of a patient, and the physician assistant working jointly toward a common goal of providing services. Delegation shall be defined by the practice agreement. The physical presence of the delegating physician is not required as long as the delegating physician and physician assistant are or can be easily in contact with each other by telecommunication. At all times a physician assistant shall be considered an agent of the delegating physician. 59 O.S. § 519.2(7).

2. DESCRIBE THE METHOD(S) OF SUPERVISION AND COLLABORATION OF THE PHYSICIAN ASSISTANT WHICH INCLUDES REVIEWING A SAMPLE OF OUTPATIENT MEDICAL RECORDS. THIS REVIEW OF A SAMPLE OF OUTPATIENT MEDICAL RECORDS MAY OCCUR USING ELECTRONIC OR VIRTUAL CONFERENCING OR AN AGREED UPON SITE.

All practice agreements and any amendments shall be filed with the State Board of Medical Licensure and Supervision within ten (10) business days of being executed.

By signing the agreement below, we agree to follow the Physician Assistant Act and Rules as listed at the Oklahoma State Board of Medical Licensure and Supervision. Osteopathic Physicians will also follow rules as listed at the Oklahoma State Board of Osteopathic Examiners.

Physician Assistant Signature

Physician Signature

Date Agreement Signed

Date of Execution of Agreement