

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE & SUPERVISION
101 NE 51ST STREET, OKLAHOMA CITY, OK 73105
Phone: (405) 962-1400 Fax: (405) 962-1440 E-mail: licensing@okmedicalboard.org

APPLICATION TO PRACTICE AS A PHYSICIAN ASSISTANT – FORM 5

CHOOSE ONE: (Include \$50 if Additional Position or Transfer)

Initial Position

Additional Position

Transfer

NAME OF PHYSICIAN ASSISTANT: _____ License #/Application #: _____

Mailing Address: _____

The above named physician assistant will begin practice under my supervision on ____/____/____. (NOTE: PRACTICE CANNOT BEGIN UNTIL RECEIPT OF BOARD APPROVAL. **ALLOW AT LEAST 7 BUSINESS DAYS FOR REVIEW AND APPROVAL.**) We agree to abide by the Rules and Laws of the Oklahoma Board of Medical Licensure and Supervision. We certify that the physician assistant has prior training in and is knowledgeable of the indications, contraindications, side effects and interactions of all medications he/she shall transmit prescriptions for and order on behalf of the supervising physician.

The supervising physician is responsible for the health care services provided by the Physician Assistant. The supervising physician is also responsible for providing proper supervision of the Physician Assistant in accordance with the Physician Assistant Practice Act And Regulations. The supervising physician must give prompt notice to the board at the time the supervisory relationship ends. Disciplinary action may be taken against the supervising physician's medical license for failure to properly supervise the Physician Assistant.

NAME OF SUPERVISING PHYSICIAN: _____

Physician's Primary Practice Location: _____
Street

City State Zip Code Telephone Number

Specialty: _____ License Number: _____

Physician/Physician Assistant Practice Setting (i.e. hospital, clinic, etc.) and address:

Name of Facility Street

City State Zip Code Telephone Number

Additional Practice Locations: _____

Description of the Scope of Practice of the Supervising Physician: _____

Description of how the Physician Assistant will be utilized: ____ Same Practice as Supervising Physician ____ Remote Practice from Supervising Physician

____ Same Practice Location or Remote Practice Locations Combined _____ Other: _____

APPLICATION TO PRACTICE AS A PHYSICIAN ASSISTANT – FORM 5

Supervision Setting: Onsite Onsite & Telemedicine By Telemedicine Only

Description of methods & frequency of supervising the PA: ____ Daily in Person ____ At Least Weekly in Person & Otherwise Via Telecommunication
____ By telecommunication only _____ Other: _____

NAME OF SUPERVISING PHYSICIAN: _____ License Number: _____

I certify that I am PRIMARY SUPERVISING PHYSICIAN for the following Physician Assistant(s).

Name of Physician Assistant: _____ License Number: _____

Name of Physician Assistant: _____ License Number: _____

Name of Physician Assistant: _____ License Number: _____

Name of Physician Assistant: _____ License Number: _____

ALTERNATE SUPERVISING PHYSICIAN(S) NO YES – COMPLETE FORM 6

For PA: By signing below, I acknowledge that my scope of practice is the same as the primary supervising physician's scope of practice. If no Alternate Supervising Physician is designated, I certify that I will not practice in the absence of nor independently of the Primary Supervising Physician,

For Physician: By signing below, I acknowledge that I have received and read 435:15-3-13. Supervising physician; alternatives and understand the extent of my responsibilities as a supervising physician. By applying for approval to supervise this PA, I represent to the Oklahoma State Board of Medical Licensure and Supervision that I have the necessary authority in this practice setting to assure compliance with the provisions of the Physician Assistant Practice Act and Regulations regardless of whether the Physician Assistant is actually employed or engaged by me.

Signature of Primary Supervising Physician

Signature of Physician Assistant

APPLICATION TO PRACTICE AS A PHYSICIAN ASSISTANT – FORM 5

435:15-3-13. Supervising physician; alternatives

(a) Qualifications.

(1) Pursuant to 59 O.S. § 519.2, a supervising physician must be licensed as a physician by either the:

(A) State Board of Medical Licensure and Supervision, or

(B) State Board of Osteopathic Examiners.

(2) A license under subsection (a)(1) must be unrestricted.

(3) The board may waive the requirement under (a)(2) if the board determines the restriction will not impede the ability of the supervising physician to supervise a physician assistant.

(b) Review. A supervising physician shall review the care provided to each patient receiving health care services by a physician assistant with a temporarily approved license.

(c) Physician assistants supervised.

(1) A supervising physician shall not serve as the supervising physician for more than four (4) physician assistants practicing at any one time.

(2) Subsection (c)(1) shall not apply to a supervising physician who is a medical director or supervising physician of a state institution, correctional facility, or hospital.

(3) On the request of an applicant or supervising physician, the board may waive the requirement under subsection (c)(1).

(d) A physician assistant may have more than one (1) supervising physician.

(e) Alternate supervising physician. The duties of a primary supervising physician may be delegated to an alternate supervising physician that:

(1) Meets the requirements of this section 435:15-3-13; and

(2) Has a practice that is reasonably similar to the primary supervising physician