

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION  
101 NE 51<sup>st</sup> STREET OKLAHOMA CITY OK 73105  
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APPLICATION TO PRACTICE AS A PHYSICIAN ASSISTANT – FORM 6 – ALTERNATE SUPERVISING PHYSICIAN(S)

The Alternate Supervising Physician's specialty and scope of practice must be the same as or reasonably similar to the Primary Supervising Physician's specialty and scope of practice.

Physician Assistant Name: _____	License #: _____
Primary Supervising Physician Name: _____	License #: _____
Primary Supervising Physician Specialty: _____	

Alternate Supervising Physician Name: _____	
Alternate Supervising Physician Signature: _____	License #: _____

Alternate Supervising Physician Name: _____	
Alternate Supervising Physician Signature: _____	License #: _____

Alternate Supervising Physician Name: _____	
Alternate Supervising Physician Signature: _____	License #: _____

Alternate Supervising Physician Name: _____	
Alternate Supervising Physician Signature: _____	License #: _____

Alternate Supervising Physician Name: _____	
Alternate Supervising Physician Signature: _____	License #: _____

Alternate Supervising Physician Name: _____	
Alternate Supervising Physician Signature: _____	License #: _____

**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 6 – ALTERNATE SUPERVISING PHYSICIAN(S)**

**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