

Oklahoma State Board of Medical
Licensure and Supervision
P.O. Box 18256, Oklahoma City, OK 73154
(405) 962-1400

APPLICATION TO PRACTICE IN A REMOTE PATIENT CARE SETTING

TO PRACTICE IN A REMOTE PATIENT CARE SETTING, THE PHYSICIAN ASSISTANT MUST DOCUMENT THAT HE/SHE HAS AT LEAST ONE (1) YEAR OF EXPERIENCE IN PROVIDING COMPREHENSIVE RANGE OF PRIMARY CARE SERVICES UNDER RESPONSIBLE PHYSICIAN SUPERVISION AND HAS COMPLETED TRAINING IN ADVANCED CARDIAC LIFE SUPPORT (ACLS).

IF THE EXPERIENCE IN PROVIDING PATIENT CARE SERVICES IS DONE OUTSIDE THE STATE OF OKLAHOMA OR WHILE NOT CERTIFIED BY THE BOARD AS A PHYSICIAN ASSISTANT, PLEASE ATTACH A LETTER FROM THE SUPERVISING PHYSICIAN CERTIFYING THE EXPERIENCE. ALSO, **PLEASE ATTACH PROOF OF COMPLETION OF ACLS, BLS, PALS OR ATLS.**

Date: _____

I, _____ License # _____ of _____, _____
(Name of Physician Assistant) (City) (State)

certify that I have practiced for _____ year(s) as a physician assistant providing primary care services under the supervision of _____ License # _____ of _____
(Name of Supervising Physician) (City)

_____. I further certify that I have completed Advanced Cardiac Life Support training on _____ at
(State) (Date)
_____, _____, _____
(Name of Institution) (City) (State)

Signature of Primary Supervising Physician

Signature of Physician Assistant

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 19__

SEAL

Notary Public

COMMISSION NUMBER: _____

MY COMMISSION EXPIRES: _____