

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

APPLICATION FOR REGISTRATION OF PHYSICIAN ASSISTANT

PHYSICIAN TO COMPLETE:

Supervising Physician Name in Full _____		
AL Medical License Number _____		
Medical Specialty _____	Board Certified:	Board Eligible
Principal Practice Location Address _____		
(If mailing address is different, please provide here) _____		
Telephone Number: _____	FAX Number	_____

- Provide the name, practice site address and designated working hours per week of each physician assistant and/or CRNP and/or CNM **currently** registered to you.

NAME	_____	_____
ADDRESS	_____	_____
HOURS	_____	_____

- Is the physician assistant for whom registration is sought employed by you or by your group, partnership or professional corporation?
 YES _____ NO _____ **If the answer is NO**, Supplemental Certificate must be submitted.

PHYSICIAN ASSISTANT TO COMPLETE:

Physician Assistant Name in Full _____
AL P. A. License Number _____

- Is the P.A. **currently** certified or registered to any other primary certifying physician? **If the answer is YES, provide** the physician name, practice address, and the number of hours per week with each primary supervising physician. Attach separate sheets if necessary.

NAME	_____
ADDRESS	_____
HOURS per week	_____

P. A./PHYSICIAN SUPERVISORY AGREEMENT CORE DUTIES AND SCOPE OF PRACTICE

- The P. A. may work in any setting consistent with the supervising physician's scope of practice and are customary to the Supervising Physician's scope of practice and are customary to the practice of the Physician. The P. A. scope of practice shall be defined as those functions and procedures for which the P. A. is qualified by formal education, clinical training, area of certification and experience.
- The following skills and functions are the core duties which may be performed by the P. A.

- a. Arrange inpatient hospital admissions, transfers, and discharges in accordance with established guidelines/standards developed within the practice of the supervising physician and P. A.; perform rounds and record appropriate patient progress notes; compile detailed narrative and case summaries; complete forms pertinent to patients' medical records.
 - b. Perform detailed and accurate health histories, review patient records, develop comprehensive medical status reports, and order laboratory, radiological, therapeutic and diagnostic studies or treatment appropriate for the complaint, age, race, sex and physical condition of the patient.
 - c. Perform comprehensive physical exams and assessments. Formulate medical diagnoses, including the interpretation and evaluation of patient data to determine patient management and treatment, including the institution of therapy and ordering of medical devices or referral of patients to appropriate care facilities and/or agencies and other resources of the community or other physicians.
 - d. Prescribe legend drugs authorized by the supervising physician and included on the formulary approved by the guidelines established by the Alabama Board of Medical Examiners for P. A.s.
 - e. Institute emergency measures and emergency treatment or appropriate stabilization measures in situations such as cardiac arrest, shock, hemorrhage, convulsions, poisoning and emergency obstetric delivery where indicated.
 - f. Provide instructions, education and guidance regarding healthcare and healthcare promotion to patients, family and caregivers.
 - g. Skills and functions that are taught in usual and standard PA academic education and do not require additional training or course documentation. The supervising physician and PA may document and validate that the PA has received education, training and competency to perform the core duty or skill.
 - h. The Board of Medical Examiners recognizes the following as examples of usual and customary core duties and skills that a Physician Assistant can perform, including, but not limited to, the following:
 - (1) Perform the following example procedures/skills:
 - (a) Surgical Assisting
 - (b) Wound debridement, suturing and care of superficial wounds.
 - (c) Skin biopsies (facial biopsies are to be requested).
 - (d) Insert and removal of drains (excluding paracentesis, thoracentesis, thoracostomy tube insertion, ventriculostomy insertion, and placement of any percutaneous drain into a body cavity).
 - (e) Suturing-single layer closure of the face.
 - (f) Vein or artery cut-down for access.
 - (g) Vein harvesting.
 - (h) Surgical wound closure-may close the outermost layer of the fascia, subcutaneous tissue, dermis and epidermis on extremities; over thoracic or abdominal cavities approval to close subcutaneous, dermis and epidermis only.
 - (i) Removal of superficial foreign body of the eyeball.
 - (j) Incision and drainage of superficial skin infections or abscesses.
 - (k) PICC line placement
 - (l) Tracheostomy tube change
 - (m) Thoracostomy tube removal
 - (n) Enteric tube exchange
 - (o) Groshong catheter removal
 - (p) Infusaport (portacath) removal
 - (q) Post pyloric feeding tube placement
 - (r) Removal of pacing wires
 - (s) Intubation
 - (t) Escharotomy
 - (u) Cardiac stress test monitoring.
 - i. For additional skills requested outside the core duties of the P. A. by the supervising physician (i.e. diagnostic or surgical procedures requiring additional training), the supervising physician must provide documentation of the training and / or certification which qualifies the P. A. The training for the additional duty/skill shall have been previously approved by the Board.
Please list each additional skill request.
See attached "Additional Skills Request Protocol" from the supervising physician.
 - j. Provide emergency medical services in the event of declared national emergency or natural disaster in accordance with the requirements of Board Rules.
3. List each practice site where this Job Description will be utilized and the number of hours this P. A. will be working weekly in each site. Must include name, address and phone number of each site:
See attached for additional information.

4. Is there a request for the P. A. to practice in a remote site?
 If yes, attach a letter from the physician requesting approval to utilize the P. A. at a remote site and complete the following information:
 Name, address and telephone number of the remote site
 Number of hours and at what frequency will the supervising physician will visit the remote site
 Number of hours the P. A. will spend in the remote site weekly
 Number of hours both will be present together
 Provide (attach) a plan describing the practice location, facilities and arrangements for appropriate communication, consultation and review.
5. Provide a written plan for review of medical records and patient outcomes. (Example: what percentage of charts will be reviewed, who will perform the review, and how often the review will take place). The review should be documented and maintained at the practice location.
6. Will this P. A. be authorized to have prescriptive privileges?
 If yes, attach a completed Formulary which is a list of the legend drugs which are authorized by the Physician to be prescribed by the P. A.. The formulary approved under the rules of the Board of Medical Examiners should be utilized and attached as the authorized legend drugs to be prescribed. The medication categories chosen should reflect the needs of the supervising physician's medical practice.
7. Will this P. A. be authorized to have prescriptive privileges to prescribe controlled substances as allowed under Alabama Code Section 20-2-60, et. seq.? (Prerequisites for controlled substances prescribing by P.A.s are stated in Board Rules, Chapter 540-X-12)

If yes, the application for a Qualified Alabama Control Substance Certificate can be found at our web site, www.albme.org.

We hereby certify under penalty of law of the State of Alabama that the foregoing information in this Physician Assistant Job Description is correct to the best of our knowledge and belief. We certify that we have reviewed the current rules of the Alabama Board of Medical Examiners pertaining to assistants to physicians and understand our responsibilities. We understand that we are equally responsible for the actions of the Assistant to the Physician.

Print Name	Signature of Primary Supervising Physician	Date
------------	--	------

Print Name	Signature of Assistant to Physician	Date
------------	-------------------------------------	------

This form must be printed, signed, and emailed/faxed/mailed to the Board. Email address is provided on instructions page.

Under Alabama law, this document is a public record and will be provided upon request