

SUPPLEMENTAL CERTIFICATE TO APPLICATION  
FOR REGISTRATION AS A PHYSICIAN ASSISTANT

To: \_\_\_\_\_  
(Name and Address of Hospital or Corporate Employer)

The State Board of Medical Examiners has been presented with an application from \_\_\_\_\_ for certification as a physician assistant to \_\_\_\_\_ M.D./D.O. Information available to the Board indicates that \_\_\_\_\_, M.D./D.O., is an employee of \_\_\_\_\_ (legal entity), and that \_\_\_\_\_, Physician Assistant, is an employee of \_\_\_\_\_ (legal entity).

To assist the Board in evaluating this application, it is requested that this questionnaire be filled out and executed by the President, Chairman, Chief Executive Officer or Chief Administrative Officer of the corporation or other legal entity that employs the physician and/or the physician assistant. These questions relate directly to the supervisory relationship contemplated by Board Rules, Chapter 540-X-7. When an additional explanation is to be provided, please attach additional information on separate pages.

1. Is the physician whose name appears above, employed by you to engage in the full-time practice of medicine? \_\_\_\_\_ If the answer to this question is no, please provide the Board with details of the employment agreement between your corporation and the physician.
2. Does the physician whose name is stated above have the unqualified authority to terminate the employment of the physician assistant registered to him? \_\_\_\_\_ If the answer to this question is no, please set out in detail the steps required to terminate the employment of the physician assistant and identify the officer or officers of the corporation authorized to make that decision.
3. Does the physician whose name is stated above, have the unqualified authority to determine the levels of compensation to be paid to the physician assistant registered to him? \_\_\_\_\_ If the answer to this question is no, please set forth in detail the manner in which the compensation of the physician assistant is established and the identification of the officer or officers of the corporation who are authorized to establish increase or reduce the compensation of the physician assistant.
4. Does the physician whose name appears above have the unqualified authority in matters relating to patient care to enforce compliance with orders and directives issued to the physician assistant? \_\_\_\_\_ Please describe in detail the manner in which such orders and directives may be enforced.

5. Is the physician assistant whose name appears above subject to the supervision, direction or control of any officer, director, supervisor or employee of the corporation other than the physician to whom he is registered? \_\_\_\_\_ If the answer to this question is yes, please explain in detail, identifying the individual exercising the supervision, direction or control and the circumstances in which such supervision, direction and control would be exercised.
  
- 6 In matters relating to patient care, is the physician assistant whose name appears above subject to the immediate supervision, direction or control of any non-physician? \_\_\_\_\_  
If yes, explain the relationship.
  
- 7 Will the physician assistant whose name appears above be expected or required to perform any part of his or her duties at any time when the physician to whom he or she is registered is not on duty and physically present on the premises of the hospital, clinic, or facility where the physician's assistant services will be rendered? \_\_\_\_\_ If the answer to this question is yes, please explain in detail all such circumstances.

I understand that the information submitted herein is to be used by the Board of Medical Examiners as the basis for registration of a physician assistant and that the furnishing of false or misleading information or the future occurrence of substantial departures from or violations of the standards and procedures outlined in this response, may be considered by the Board as grounds for termination of the registration of the physician assistant.

The undersigned hereby certifies that the foregoing information is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Name of the Corporation

\_\_\_\_\_  
Title of Officer Signing Certificate

\_\_\_\_\_  
Printed Name of Officer Signing Certificate

\_\_\_\_\_  
Signature

SWORN TO AND SUBSCRIBED before me this the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_