

# PHYSICIAN ASSISTANT DELEGATION OF SERVICES AGREEMENT

**A Delegation of Services Agreement is to be maintained at each practice site and is to be available to DOPL upon request.** It consists of written criteria jointly developed by a physician assistant's supervising physician and any substitute supervising physicians and the physician assistant that permits a physicians assistant, working under the direction or review of the supervising physicians, to assist in the management of illnesses and injuries common to the physician's scope of practice.

**The following information must be legible.** (Use additional sheets if necessary.)

**DO NOT SUBMIT YOUR DELEGATION OF SERVICES AGREEMENTS TO DOPL WITH YOUR APPLICATION FOR LICENSURE, KEEP ON SITE AT FACILITY.**

Physician Assistant Name: \_\_\_\_\_

Supervising Physician Name: \_\_\_\_\_

Supervising Physician's Utah License Number: \_\_\_\_\_

Substitute Supervising Physician:

Name: \_\_\_\_\_ Utah License Number: \_\_\_\_\_

## **PRACTICE SITE(S):**

1. Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**DEGREE AND MEANS OF SUPERVISION:**

The supervising Physician shall provide supervision to the physician assistant to adequately serve the health care needs of the practice population and ensure that the patient’s health, safety, and welfare will not be adversely compromised. A physician assistant holding a temporary license may work only under 100% direct supervision.

List the method of immediate consultation whenever the physician assistant is not under the direct supervision of the supervising physician:

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List the process and degree of onsite supervision:

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List the method of supervision when the supervising physician is on vacation: \_\_\_\_\_

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**FREQUENCY AND MECHANISM OF CHART REVIEW:**

List the method for chart review and co-signatures of the supervising practitioner for supervision. Include the process for chart review and co-signatures required:

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**PRESCRIBING OF CONTROLLED SUBSTANCES:**

A physician assistant may prescribe or administer an appropriate controlled substance if the physician assistant holds a current Utah controlled substance license covering the appropriate schedules of controlled substances and a current DEA registration covering the appropriate schedules of controlled substances; the prescription or administration of the controlled substance is within the prescriptive practice of the supervising practitioner and also within the delegated prescribing stated in the delegation of services agreement; and the supervising practitioner co-signs any medical chart record of a prescription of a Schedule 2 or Schedule 3 controlled substance made by the physician assistant.

In order to prescribe controlled substances, the physician assistant must have obtained his or her own controlled substance license and DEA registration. The physician assistant may not use his or her supervising physician’s controlled substance licenses or DEA registrations.

Please define the process for the physician assistant prescribing controlled substances and expectations.

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**SCOPE OF PRACTICE:**

Please define procedures addressing situations outside the physician assistant’s scope of practice.

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**EMERGENCY SITUATIONS:**

List procedures for providing backup support for the physician assistant in emergency situations:

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**ADDITIONAL CONSIDERATIONS RELATING TO THE PRACTICE:**

List any additional items, procedures, and expectations pertinent to the physician assistant at your site: \_\_\_\_\_

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Signature of Physician Assistant: \_\_\_\_\_

Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Supervising Physician: \_\_\_\_\_

Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Substitute Supervising Physician: \_\_\_\_\_

Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE: It is “unprofessional conduct” under the Physician Assistant Practice Act to fail to maintain at the practice site(s) a “Delegation of Services Agreement” that accurately reflects current practices; or to fail to make the “Delegation of Services Agreement” available to DOPL for review upon request.**