AFFIDAVIT OF COLLABORATION

Utah Code 58-70a-307 outlines the collaborative practice requirements for Utah Physician Assistants. A summary of those requirements is listed below. *Please note, this is an unofficial summary, and it is your responsibility to read and follow the complete requirements found in statute.*

A physician assistant with less than 10,000 hours of post-graduate clinical practice experience shall:

- (a) practice under written policies and procedures established at a practice level that:
 - (i) describe how collaboration will occur in accordance statute
 - (ii) describe methods for evaluating the physician assistant's competency, knowledge, and skills;
- (b) provide a copy of the written policies and procedures and documentation of compliance to the board upon the board's request; and
- (c) except for a physician assistant specializing in mental health care*, engage in collaboration with a physician for the first 4,000 hours of the physician assistant's post-graduate clinical practice experience.

A physician assistant* who has more than 4,000 hours of practice experience and less than 10,000 hours of practice experience shall enter into a written collaborative agreement with:

- (i) a physician; or
- (ii) a licensed physician assistant with more than 10,000 hours of practice experience in the same specialty as the physician assistant.

The collaborative agreement shall:

- (i) describe how collaboration under this section and Subsections 58-70a-501(2) and (3) will occur;
- (ii) be kept on file at the physician assistant's practice location; and
- (iii) be provided by the physician assistant to the board upon the board's request.

*Separate criteria apply to Physician Assistants who engaged in <u>mental health care</u>, see Utah Code 58-70a-501.1 or the Physician Assistant-Specializing in Mental Health Application found on our website for additional information.

I have read and understand the collaborative practice requirements in Utah outlined in statute. I understand that it is my responsibility to ensure that proper written collaboration agreements are available upon Division request, and that I may be asked to provide documentation of my post-graduate clinical practice experience.

Signature of Applicant:		Date:		
	TEMPORARY LICI	ENSE (OPTIONAL)		
Temporary licensure is an optional	<u>I license</u> available for applicants who at the end of this applicatio	have not previously passed the PANC n for additional instructions.	E only. Please see the checklist	
Applicant's Name:				
Name of Clinic:				
Supervising Physician:		License Number:		
Clinic Address:				
	Street/PO Box	City	State/Zip	
Telephone Number:		Email:		
To be completed by the appli				
of the license. Once the tempo		a temporary license, and will cease will only practice under the direct so \ 58-70a-306 (2)(c)		
Signature of Applicant:		Date:		
To be completed by the supe	rvising physician:			
UCA 58-70a-306 (2)(c). I unde	erstand that I am responsible for tice is valid for only 120 days. I u	ect supervision to the above named their activities and services perforn nderstand that the applicant canno	ned, and that once issued	
Signature of Supervisor:		Date:	Date:	
	Building • 160 East 300 South • E	P.O. Box 146741, Salt Lake City, U	T 84114-6741 F-70aPA-Ao	

DOPL • Heber M. Wells Building • 160 East 300 South • P.O. Box 146741, Salt Lake City, UT 84114-6741 **F-70aPA-**<u>www.dopl.utah.gov</u> • telephone (801) 530-6628 • toll-free in Utah (866) 275-3675 • fax (801) 530-6511 **20210816**