

VOLUNTEER HEALTH CARE PRACTITIONER DELEGATION OF SERVICES AGREEMENT

A Delegation of Services Agreement is to be maintained at each practice site and is to be on file with DOPL. It consists of written criteria jointly developed by a supervisor and the volunteer professional that permits a volunteer professional, to assist charity locations within the scope of the primary practice of the volunteer professional's practice act.

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

_____ *City State ZIP Code*

Phone: _____ **Email:** _____

SUPERVISOR INFORMATION

Name of Qualified Location: _____

Supervisor: _____ **License Number:** _____

Substitute Supervisor: _____ **License Number:** _____

Establishment Address: _____
Street/PO Box City State/Zip

Telephone Number _____ **Email:** _____

DEGREE AND MEANS OF SUPERVISION

The supervising professional shall provide supervision to the volunteer 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.

List the process by which this supervision will be accomplished:

List the method of immediate consultation whenever the volunteer is not under the direct supervision of the supervising professional:

List the process and degree of onsite supervision:

FREQUENCY AND MECHANISM OF CHART REVIEW

List the method for chart review and co-signatures of the supervising professional. Include the process for chart review and co-signatures required by the professional practice act:

PRESCRIBING OF CONTROLLED SUBSTANCES

A volunteer practitioner may prescribe or administer an appropriate controlled substance if the volunteer 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 professional and also within the delegated prescribing stated in the delegation of services agreement.

In order to prescribe controlled substances, the volunteer practitioner must have obtained his or her own controlled substance license and DEA registration. The volunteer practitioner may not use his or her supervising professional's controlled substance licenses or DEA registrations. The volunteer practitioner may not prescribe a controlled substance to himself, the volunteers family or a staff member.

Please define the process for the volunteer practitioner prescribing controlled substances and expectations.

SCOPE OF PRACTICE

Please define procedures addressing how situations outside the volunteer's scope of practice will be handled.

EMERGENCY SITUATIONS

List procedures for providing backup support for the volunteer in emergency situations:

ADDITIONAL CONSIDERATIONS

List any additional items, procedures, and expectations pertinent to the volunteer's practice at the charity site:

Signature of Volunteer: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Signature of Substitute Supervisor: _____ Date: _____

NOTE: A copy of this "Delegation of Services Agreement" is required to be available at the charity practice site(s) and on file with DOPL. The agreement needs to accurately reflect current practices.




APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.


NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

The following items are required to complete your application:

-  Supporting documentation for any "yes" answers provided on either of the questionnaires.
-  Complete and current curriculum vitae or resume outlining your professional work history.
-  Copy of Delegation of Services Agreement for each practice location. The original must be kept at each practice site and be available upon request.

If you have never held a Utah license in the same profession selected on page 3 of this application, you must submit:

-  Official verification of license from at least one state in which you have held an unrestricted license for the profession selected. If possible, the verification should include verification of education, degrees and exams.

**Note: If the state you are requesting licensure from cannot supply supporting documentation of the requirements met, please contact the board directly for additional instructions.*

NOTE: Once issued, the controlled substance license (if applicable) will be connected to your primary license, and will expire at the same time. You must contact the DEA separately to obtain your DEA number. Additional renewal requirements may apply.

Submit the above items with your completed application to:

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741