

# Memo

**To: Physician – Physician Assistant Team**  
**From: Physician Assistant Licensing Program**  
**Re: Physician Assistant Practice Description**

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***Pursuant to Oregon Revised Statute 677.510 (1) A person licensed to practice medicine under this chapter shall not use the services of a physician assistant without the prior approval of the Oregon Medical Board.***

Thank you for submitting this Practice Description. The Board recognizes the valuable contribution the physician assistant / physician team makes in providing and maintaining the highest quality of care for the people of the state of Oregon.

Senate Bills enacted by the 2001 and 2003 Legislative Assembly revised some of the Oregon Physician Assistant Administrative Laws, which have an effect on the manner in which physicians supervise physician assistants.

You may supervise up to four physician assistants. If you are serving designated underserved populations, health professional shortage areas, medically underserved areas, or medically disadvantaged areas the Board may review and approve Practice Descriptions for you to supervise more than four physician assistants.

## **SUPERVISING PHYSICIAN QUESTIONNAIRE:**

In order for a physician assistant to begin practice under your supervision, you must complete a Practice Description Form and submit it to the Board for approval. If this is the first time you have requested Board approval to be a supervising physician, you are required to complete the Supervising Physician Questionnaire on the Oregon Medical Practice Act and the Physician Assistant Administrative Rules. The questionnaire can be located at the following link: <http://www.oregon.gov/BME/PAAApplicationPacket/SPMasterFillin.pdf>. The Medical Practice Act (Chapter 677) can be located at this link: <http://www.leg.state.or.us/ors/677.html>. The Oregon Administrative Rules (OAR 847 Division 050) may be located at the following: [http://arcweb.sos.state.or.us/rules/OARS\\_800/OAR\\_847/847\\_050.html](http://arcweb.sos.state.or.us/rules/OARS_800/OAR_847/847_050.html).

## **PHYSICIAN ASSISTANT SUPERVISION:**

Please be aware that OAR 847-050-0037(3) states that, “the supervising physician may limit the degree of independent judgment that the physician assistant uses but may not extend it beyond the limits of the practice description.” OAR 847-050-0040(1) states that, “the physician assistant may perform at the direction of the supervising physician and/or designated agent only those medical services as included in the Board-approved Practice Description.”

To assist the supervising physician and physician assistant in developing a comprehensive Practice Description, the Board has created a Practice Description Form that includes a Board approved list of non-inclusive core competencies, which the Board expects any physician assistant licensed in Oregon and initially certified by the National Commission on Certification of Physician Assistants capable of performing. You may determine which or all of the core competency medical and surgical services your physician assistant will perform, and the degree of supervision under which the physician assistant performs these medical and surgical services. You may also request medical and surgical services that are not in the core competency list in the space allotted on page five of the Practice Description Form.

The Board cannot accept a Practice Description Form that is not typed, complete, or a copy. Please do not attach a copy of your office job description for physician assistants as all information must be contained in the Practice Description Form. If additional space is required to request medical services and procedures that are not included on the Practice Description Form, you may then attach a typed addendum. Be certain to include the physician assistant's name on any addendum.

#### **TEMPORARY APPROVAL OF PRACTICE DESCRIPTION FORM:**

Already Oregon licensed physician assistants and physician assistant applicants may submit a Practice Description Form at any time. Most Practice Descriptions may be granted temporary approval, which does not require adherence to the filing deadline listed on page one of the Practice Description Form. One only needs to be mindful of the filing date on page one of the Form if your Practice Description cannot receive temporary approval. In this case, Practice Descriptions will require review at the next Physician Assistant Committee meeting and approval at the next Oregon Medical Board meeting. The Board no longer requires routine personal interviews.

Temporary approval may only be granted if the following is met:

- 1) The Board receives the original typed and complete Practice Description Form
- 2) There are no major changes in the Practice Description based on previously approved Practice Descriptions
- 3) The supervising physician and/or the physician assistant are in good standing with the Board
- 4) The Board receives termination letters from the physician assistant and his or her previous supervising physician (if applicable)
- 5) The supervising physician has passed the Supervising Physician Questionnaire (see previous page)
- 6) There are no concerns about competency

The Oregon Medical Board grants final approval after the Physician Assistant Committee makes a recommendation about all Practice Descriptions at its quarterly meetings in January, April, July, and October.

#### **NEW APPLICANTS FOR LICENSURE:**

Physician assistants who are applying for licensure and do not have issues of concern that require review and final Board approval may be eligible for licensure upon completion of their application file prior to the next quarterly Board meeting. An applicant will be notified in writing of his/her file's status and licensure eligibility approximately 10 business days of the Board's *receipt* of documents required for application completion. As several documents other than the Practice Description must be submitted for licensure, the application process for new licensees usually takes approximately eight weeks. Do not schedule your physician assistant to begin seeing patients before licensure has been granted.

If you have any questions concerning the Practice Description Form, please contact the Physician Assistant Licensing Program at (971) 673-2700.

**Oregon Medical Board**

1500 SW 1<sup>st</sup> Ave, Suite 620 • Portland, OR 97201  
 (971) 673-2700 or (877) 254-6263 (toll free in Oregon)  
 Web site address: [www.oregon.gov/bme](http://www.oregon.gov/bme)

**PHYSICIAN ASSISTANT PRACTICE DESCRIPTION FORM**

Filing Deadline: _____	<input type="checkbox"/> Initial Licensure Practice Description	<input type="checkbox"/> Reactivation of License
Committee Meeting Date: _____	<input type="checkbox"/> New Primary Supervising Physician	<input type="checkbox"/> Practice Description Change
Next Board Meeting Date: _____	<input type="checkbox"/> New Second Supervising Physician	
Temporary Approval Date: _____	Board Approval Date: _____	Termination Date: _____

**THE PHYSICIAN - PHYSICIAN ASSISTANT TEAM MUST COMPLETE THE PRACTICE DESCRIPTION**

**This form will be returned if it is not typed.  
 Faxes and copies are not accepted.**

**BOARD APPROVAL REQUIRED BEFORE USING THE SERVICES OF A PHYSICIAN ASSISTANT**

**DEFINITIONS – as defined in the Physician Assistant Administrative Rules (OAR 847, Division 050)**

**BOARD** – means the board of Oregon Medical Board for the state of Oregon.

**SUPERVISING PHYSICIAN** – means the physician who provides direction and regular review of the medical and surgical services of a physician assistant as determined to be appropriate by the Board.

**AGENT** – means a physician designated by the supervising physician who provides supervision of the medical and surgical services of a physician assistant for a predetermined period of time.

*There are three categories of supervision based on the practice situation of the supervising physician and the physician assistant:*

- 1) **GENERAL SUPERVISION** – means the supervising physician or designated agent is not on-site with the physician assistant, but is available for direct communication, either in person or by telephone, radio, radiotelephone, television, or similar means.
- 2) **DIRECT SUPERVISION** – means the supervising physician or designated agent must be in the facility when the physician assistant is practicing.
- 3) **PERSONAL SUPERVISION** – means the supervising physician or designated agent must be at the side of the physician assistant at all times, personally directing the action of the physician assistant.

*This form documents the physician assistant’s (PA) practice setting, scope of practice, and chart review. As the supervising physician, you are responsible for determining the qualifications of the PA to perform the duties described in this practice description. If an area of the form does not apply to your PA’s practice, indicate by checking the “NO” box.*

<b>Physician Assistant Name:</b>			<b>Oregon PA license #</b>
<b>PA Primary Practice NAME and ADDRESS (for this relationship only):</b>			
<b>City:</b>	<b>State, Zip Code:</b>	<b>County:</b>	<b>Business Phone #:</b>
<b>PA E-mail Address:</b>			<b>Practice Specialty:</b>
<b>PA Secondary Practice (if any &amp; for this relationship only) NAME and ADDRESS:</b>			<b>State and Zip Code</b>
<b>Supervising Physician’s Name:</b>			<input type="checkbox"/> MD <input type="checkbox"/> DO
<b>Physician Practice Specialty:</b>		<b>Physician’s Oregon License #:</b>	
<b>Physician’s Primary Practice NAME and ADDRESS:</b>			
<b>City:</b>	<b>State, Zip Code:</b>	<b>Business Phone #</b>	<b>County:</b>

Answer the following four questions (check the YES or NO box and enter the requested information)

- 1) Is this the first time you have requested Board approval to supervise a PA?  
 **YES** You are required to complete the “Supervising Physician Questionnaire on the Medical Practice Act & Administrative Rules” and submit with this Practice Description Form (see page one of attached memo).  
 **NO**
- 2) Is the PA terminating a supervisory relationship with another Oregon physician in order to practice with you?  
 **YES** Termination letters are required from the previous supervising physician and the PA within 15 days of termination.  
 **NO**
- 3) Does the PA have more than one supervising physician?  
 **YES** Are you requesting Board approval as the  
 PRIMARY SUPERVISING PHYSICIAN  
OR  
 SECONDARY SUPERVISING PHYSICIAN  
 **NO** I will be the only supervising physician.
- 4) Enter requested date for PA to begin: \_\_\_\_\_

**PA MAY NOT BEGIN PRACTICE PRIOR TO BOARD GRANTING APPROVAL**

**PRESCRIPTION PRIVILEGES**

A physician assistant may issue written or oral prescriptions for medications, including Schedule II - V, which the supervising physician has determined the physician assistant is qualified to prescribe commensurate with the practice description and approved by the Board if the physician assistant has met the requirements of OAR 847-050-0041 (2) (3).

To be authorized to issue prescriptions for Schedules II through V controlled substances, the prescribing physician assistant must be registered with the Federal Drug Enforcement Administration (DEA).

To obtain a DEA number contact the DEA Field Office, 400 2<sup>nd</sup> Ave. W, Seattle, WA 98119 – Telephone number 888-219-4261.

- NO** I do not want prescription privileges for my PA.

**SCHEDULE III - V ONLY**

- YES** I want my PA to have **Schedules III through V** prescribing privileges; he/she qualifies under OAR 847-050-0041.

**SCHEDULE II - V**

- YES** I want my PA to have **Schedules II through V** prescribing privileges; he/she qualifies under OAR 847-050-0041 and holds current National Commission on Certification of Physician Assistants (NCCPA) certification – ATTACH **COPY OF NCCPA CERTIFICATE**

**EMERGENCY ADMINISTERING AND DISPENSING AUTHORITY**

Board staff will not grant temporary approval for emergency administering and dispensing authority unless the practice site is designated as medically underserved. The Board will review and make a final decision based upon the "statement of need" at its next scheduled meeting.

**Emergency Administration** refers to the administration of *Schedule II medication* to the patient in the office or clinic setting. The physician assistant must apply for this privilege in his/her practice description. The Board grants this privilege based on the necessity of the physician assistant to perform this in his/her practice setting.

The PA is able to administer Schedule III-V medication approved by the supervising physician to patients without Board approval.

- YES** I request *emergency administering* authority for my PA. (Complete items 1 – 2 below)
- NO** I do not request emergency administering authority for my PA.

**STATEMENT OF NEED for Emergency Administering**

1) State the medical necessity for emergency administering:

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2) List all injectable Schedule II controlled substances the PA will emergency administer:

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**Emergency Dispensing** is a privilege granted to physician assistants to be able to dispense *take home medication* to their patients in areas where pharmacy access is restricted to the patient because of geographic or financial restraints. The approval of this privilege is usually restricted to rural areas and special populations. A licensed pharmacist or anyone allowed to do so by the Oregon Board of Pharmacy must prepackage the medication. PAs may only be approved to emergency dispense Schedule II medications if they have been granted Schedule II prescribing privileges.

*Emergency dispensing is NOT required in order for a PA to dispense drug samples.*

- YES** I request *emergency dispensing* authority for my PA. (Complete items 1 – 3 below)
  - I am registered with the Board as a Dispensing Physician.* In order for your PA to be approved for emergency dispensing authority, you must be registered with the Board as a dispensing physician. The application for registration as a dispensing physician can be found at: <http://www.bme.state.or.us/PDFforms/DispensingFillin.pdf>.
- NO** I do not request emergency dispensing authority for my PA.

**STATEMENT OF NEED for Emergency Dispensing**

1) State the medical necessity for emergency dispensing:

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2) Location of the practice site: \_\_\_\_\_

3) Accessibility to the nearest pharmacy: \_\_\_\_\_

**PHYSICIAN ASSISTANT SCOPE OF PRACTICE**

In accordance with OAR 847-050-0037 (3), *“The supervising physician may limit the degree of independent judgment that the physician assistant uses but may not extend it beyond the limits of the practice description.”* and OAR 847-050-0040 (1) *“The physician assistant may perform at the direction of the supervising physician and/or agent only those medical services as included in the Board-approved practice description.”*

To this end, the Board has approved a “basic” list of core competencies, *which are not all inclusive*; that the Board believes all Oregon licensed, initially NCCPA certified physician assistants are capable of performing. The physician assistant may provide those medical and surgical services that he or she is competent to perform, and are consistent with the physician assistant’s education, training, and experience in keeping with the Board approved practice description. The supervising physician may determine which or all of the core competency medical and surgical services the physician assistant will perform, and the degree of supervision under which the physician assistant performs these medical and surgical services.

**THE FOLLOWING TWO PARAGRAPHS ARE IN CONJUNCTION WITH THE CORE COMPETENCIES**

The Board recognizes that based on education, training, and experience, physician assistants are qualified and authorized to provide triage, evaluation, diagnosis, treatment, and consultation with follow-up by the physician, for acute and chronic illnesses, and health maintenance services for patients of all ages, under the supervision of a MD or DO. In performing these duties, physician assistants have authorization to order and provide initial interpretation of lab, x-ray, imaging, and other diagnostic studies with further evaluation when appropriate.

The physician assistant may practice in any licensed health facility, outpatient setting, patient residence, residential facility, hospital, and emergency department as applicable.

**THE OREGON MEDICAL BOARD APPROVED THE FOLLOWING CORE COMPETENCY  
MEDICAL AND SURGICAL SERVICES FOR ALL OREGON LICENSED AND INITIALLY NCCPA CERTIFIED  
PHYSICIAN ASSISTANTS**

<ul style="list-style-type: none"><li>▶ ABG</li><li>▶ Administration of medications</li><li>▶ Anoscopy</li><li>▶ Apply/remove casts &amp; splints</li><li>▶ Arthrocentesis</li><li>▶ Assist in office procedures &amp; surgery</li><li>▶ Bladder catheterization</li><li>▶ Cardiac pulmonary resuscitation including emergency air-way management and manual defibrillation</li><li>▶ CLIA waived lab procedures</li><li>▶ Consultation with referral to appropriate health care resources</li><li>▶ Diathermy/Ultrasound</li><li>▶ Fulguration / cryotherapy superficial lesions</li><li>▶ Ganglion cyst aspiration</li><li>▶ I &amp; D</li><li>▶ Ingrown toenails removal</li></ul>	<ul style="list-style-type: none"><li>▶ Joint injections/aspiration</li><li>▶ Laceration repair and management</li><li>▶ Local anesthesia including digital block</li><li>▶ Management of fractures excluding reductions</li><li>▶ Nasogastric tube insertion and removal</li><li>▶ Office ECG</li><li>▶ Order durable equipment</li><li>▶ Pulmonary function test</li><li>▶ Reduction of simple finger dislocation</li><li>▶ Skin or subcutaneous excision / biopsy</li><li>▶ Subungual hematoma evacuation</li><li>▶ Superficial foreign object removal</li><li>▶ Treatment of thrombosed hemorrhoids</li><li>▶ Trigger point injection</li><li>▶ Urethral catheterization</li><li>▶ Venipuncture</li><li>▶ Wound management</li></ul>
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The physician may add for Board consideration any medical and surgical services not listed in the core competencies in the space provided on the following page.

**ADDITIONAL MEDICAL AND SURGICAL SERVICES ARE REQUESTED**

**YES** I am requesting the additional medical and surgical services listed below for my PA.

**I ATTEST THAT THIS PHYSICIAN ASSISTANT IS COMPETENT TO PERFORM THE FOLLOWING PROCEDURES AT THE DESIGNATED LEVEL OF SUPERVISION.**

**NO** I am not requesting additional medical and surgical services for my PA at this time, but may in the future.

Please do not use abbreviations.	SELECT LEVEL OF SUPERVISION REQUESTED
	<input type="checkbox"/> Personal <input type="checkbox"/> Direct <input type="checkbox"/> General
	<input type="checkbox"/> Personal <input type="checkbox"/> Direct <input type="checkbox"/> General
	<input type="checkbox"/> Personal <input type="checkbox"/> Direct <input type="checkbox"/> General
	<input type="checkbox"/> Personal <input type="checkbox"/> Direct <input type="checkbox"/> General
	<input type="checkbox"/> Personal <input type="checkbox"/> Direct <input type="checkbox"/> General
	<input type="checkbox"/> Personal <input type="checkbox"/> Direct <input type="checkbox"/> General

**EMERGENCY CALLS**

- YES** PA will take after-hours emergency calls with the supervising physician or assigned agent within telephone contact and available within a reasonable period for on-site consultation.
- NO**

**HOSPITAL PRACTICE**

**PA WILL HAVE A HOSPITAL PRACTICE** – the hospital retains the authority to approve or deny privileges.

- YES** Complete the section below
- NO**

Name of Hospital	Street Address	City	Zip Code

**CHART REVIEW** - applies to all practice locations and may include documented physician consultations and/or case reviews.

**CHECK AND COMPLETE THE OPTION THAT APPLIES TO YOUR PRACTICE**

- NEW OREGON PA** licensee, **NEW HIRE PA**, or **PHYSICIAN NEVER BOARD APPROVED TO SUPERVISE A PA**. Board required chart review is a minimum 50% of charts for the first 30 days, 30% for the next 60 days, and 20% for the next 90 days. After 6 months, reduce chart review to 10% of charts per month or *no less than 10 charts per month*.
- I request the Board to consider the following chart review schedule that is different from the Board requirement for a new hire PA because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will review *no less than 10 charts per month*.

- Experienced (in Oregon) PA and previously Board approved supervising physician. I will review \_ percent of charts, \_\_\_\_\_ times per  week  month (No Less than 10 charts per month).  
*(frequency)*
- PA will **NOT** be doing any patient charting.

**PHYSICIAN SUPERVISION** – Review OAR 847-050-0037

*The supervising physician is responsible for the direction and regular review of the medical and surgical services provided by the physician assistant. The supervising physician or designated agent will provide a minimum of four hours of on-site supervision every two weeks.*

**SUPERVISION DURING PERIODS OF ABSENCE OR VACATION** (*check one*)

- When I am away from the office or practice location for any period, including vacation, continuing education, or illness, an agent will supervise the PA in accordance with this practice description.
- When I am away from the office or practice location for any period, including vacation, continuing education, or illness, the PA will cease to function as such.

**PHYSICIAN ASSISTANT’S PRIMARY PRACTICE LOCATION(s)** (*check locations that apply to this practice*)

- OFFICE AND/OR CLINIC
- OFFICE AND/OR CLINIC AND HOSPITAL
- HOSPITAL ONLY
- HOSPITAL EMERGENCY DEPARTMENT ONLY
- OTHER: \_\_\_\_\_



**SIGNATURE PAGE**

**THE SUPERVISING PHYSICIAN MUST SIGN, and HAVE NOTARIZED:**

I hereby certify that the foregoing information in this application is correct to the best of my knowledge and belief. I further certify that I have reviewed the current rules and regulations of Oregon pertaining to physician assistants and this practice description and fully understand my responsibilities. I understand that I am fully responsible for the actions of the physician assistant I supervise, even at such times as my agents are supervising the physician assistant's functions. I further understand that I am responsible for informing the designated agents of their responsibilities under Oregon law in the supervision of the physician assistant.

Name of Supervising Physician (Print or Type): \_\_\_\_\_

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

*This portion to be completed by notary*

Subscribed and sworn to before me on \_\_\_\_\_

Notary Signature \_\_\_\_\_

Notary Public for \_\_\_\_\_ Commission expires \_\_\_\_\_

*Notary Seal or Imprint*



**THE PHYSICIAN ASSISTANT MUST SIGN, and HAVE NOTARIZED:**

I have reviewed the current rules and regulations of Oregon pertaining to the physician assistant and this practice description. I fully understand my responsibilities.

Name of physician assistant (Print or Type): \_\_\_\_\_

Signature of physician assistant: \_\_\_\_\_ Date: \_\_\_\_\_

*This portion to be completed by notary*

Subscribed and sworn to before me on \_\_\_\_\_

Notary Signature \_\_\_\_\_

Notary Public for \_\_\_\_\_ Commission expires \_\_\_\_\_

*Notary Seal or Imprint*

**IMPORTANT**

**SEND ORIGINAL PRACTICE DESCRIPTION TO THE BOARD.**

**KEEP COPIES OF THIS PRACTICE DESCRIPTION FOR YOUR RECORDS.  
IF YOU RECEIVE BOARD APPROVAL, ATTACH THE APPROVAL LETTER  
TO THE COPY OF THIS PRACTICE DESCRIPTION FOR  
CREDENTIALING PURPOSES.**