



Physician Assistant Active Practice Request Form and Written Agreement

Please enter required information, including dates and signatures.
Mail form to KSBHA, 800 SW Jackson LL, Ste. A., Topeka, KS 66612 or fax to 785-296-0852.

Please refer to the detailed instructions at the end of the form.

Section I - Physician Assistant Information

Physician Assistant's Name _____

Kansas License Number: _____ or Pending, application on file

License Designation: Active Federal Active Exempt

Reason for submitting form: New supervisory relationship New written agreement for an additional practice

Modification of existing written agreement or replacement of previous *Responsible Physician and Drug Prescription Protocol*

DEA Number: _____ N/A

Section II - Kansas Supervising Physician Information

Name: _____ Kansas License Number: _____

Does the supervising physician engage in practice in Kansas? Yes No

DEA Number: _____ N/A Specialty/Practice Area: _____

Describe methods of communication between supervising physician and physician assistant when not at the same location:

Describe the procedure to be followed for addressing patient emergencies:

Section III - Kansas Substitute Supervising Physician(s) Information (use additional pages if more than two).

Name: _____ Kansas License Number: _____

Does the substitute supervising physician engage in practice in Kansas? Yes No

DEA Number: _____ N/A Specialty/Practice Area: _____

Name: _____ Kansas License Number: _____

Does the substitute supervising physician engage in practice in Kansas? Yes No

DEA Number: _____ N/A Specialty/Practice Area: _____

Section IV - Written Agreement

Complete written agreement for **each** facility/practice location where medical services are provided by the physician assistant (use additional pages if more than one location).

A. Practice Location Information

Name of Facility/Location _____ Street Address _____ City and State _____ Zip Code _____

Is this Locum Tenens practice? Yes No If yes, anticipated Time frame: _____

Phone Number: _____

Practice Setting: Office Practice Clinic Hospital ASC Nursing Home

Other _____

Is this a "different practice location" as defined in K.A.R. 100-28a-1(b)? Yes No

If yes, are the requirements of K.A.R. 100-28a-14 met? Yes No

Substitute Supervising Physician(s) for this location: _____

For this practice location, describe the procedure to be used to notify a substitute supervising physician of the supervising physician's absence or other unavailability: _____

B. Scope of Practice for this Location

Description of the scope of medical services and procedures that the Physician Assistant is authorized to perform at this practice location (use additional pages if necessary). _____

Do any of the medical services and/or procedures require a specific type of supervision by the supervising physician or substitute supervising physician as defined in K.A.R.100-28a-1a(c), (e) or (f)? Yes No

If yes, please specify below:

<u>Type of Supervision</u>	<u>Medical Services/Procedures</u>
Direct	_____
Indirect	_____
Off-site	_____

If applicable, list any other restriction or exclusion on the Physician Assistant's authorized scope of practice: _____

DNR Order Authority? Yes No

C. Prescription - Only Drug Authority for this location

The Physician Assistant is authorized to prescribe and administer **non-controlled** prescription drugs as follows:

All None All with Exceptions

Specify Exceptions _____

Physician Assistant's Name: _____

Supervising Physician's Name: _____

Within the limitations set forth in K.S.A. 65-28a08(b)(2), the Physician Assistant is authorized to dispense non-controlled prescription drugs as follows: All None All with Exceptions

Specify Exceptions _____

The Physician Assistant is authorized to distribute non-controlled, professional drug samples? Yes No

The Physician Assistant is authorized to prescribe and administer controlled substances as follows:

	NONE	All	All EXCEPT, specify:
Schedule II and II-N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Schedule III and III-N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Schedule IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Schedule V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Within the limitations set forth in K.S.A. 65-28a08(b)(2) and other applicable state and federal laws, the Physician Assistant is authorized to dispense controlled substances as follows:

	NONE	All	All EXCEPT, specify:
Schedule II and II-N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Schedule III and III-N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Schedule IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Schedule V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Physician Assistant's DEA number to be used when practicing at this location (if different from page one): _____

Do the Supervising Physician and Physician Assistant have DEA registrations for all the schedules authorized above?
 Yes No

D. Attestations and Signatures for this Practice Location (use additional pages for signatures if more than 2 substitute supervising physicians)

*I confirm the medical services and procedures authorized are within the clinical competence and customary practice of the supervising physician and all substitute supervising physicians as required by K.A.R. 10-28a-10.

*I understand that the supervising physician or a substitute supervising physician shall be available for communication with the physician assistant at all times during which the physician assistant could reasonably be expected to provide professional services.

*I confirm that the supervising physician has established and implemented a method for the initial, periodic and annual evaluation of the physician assistant's professional competency required by K.A.R. 100-28a-10.

*I understand that failure to adequately supervise the physician assistant in accordance with the Physician Assistant Licensure Act or rules and regulations adopted under such statutes by the Board, shall constitute grounds for revocation, suspension, limitation or censure of a supervising physician's license to practice medicine and surgery in the State of Kansas.

*I confirm that a current copy of this form shall be provided to the Board office and maintained at the usual practice locations of the supervising physician and that any changes or amendments thereto will be provided to the Board within 10 days of being made.

*I have carefully read the questions in the foregoing request form and have answered them completely, and I declare under penalty of perjury that my answers and all statement contained herein are true and correct.

Signature of supervising physician Date

Signature of physician assistant Date

Signature of substitute supervising physician Date

Signature of substitute supervising physician Date

Physician Assistant's Name: _____

Supervising Physician's Name: _____

Physician Assistant Active Practice Request Form and Written Agreement Instructions

General Information:

Many amendments to the Physician Assistant Licensure Act and temporary regulations became effective January 11, 2016, and greatly affect PA practice in Kansas. Those changes expanded scope of practice for PAs and increased the number of PAs that one physician can supervise. Consequently, increased information must be provided to the Kansas Board of Healing Arts about each supervisory relationship and practice location. Physicians and PAs should familiarize themselves with the statutes and regulations regarding PA practice and supervision. The information provided in these instructions should not be construed as legal advice or complete information about the requirements for PA practice and supervision. The statutes and regulations may be found on the agency website at www.ksbha.org/statsandregs.shtml

New Forms: PAs must now complete an “Active Practice Request Form” (APR form) as a condition of engaging in practice in Kansas. Effective January 11, 2016, the APR form replaces the “Responsible Physician and Drug Prescription Protocol” form. There is a “Written Agreement” section of the APR form which specifies the details of the PA's delegated practice authority at each practice location where the PA works.

PAs Practicing Under Old Forms: Currently practicing PAs who enter into a *new* supervisory relationship must complete an APR form prior to practicing. PAs currently practicing under an existing supervisory relationship who have previously submitted a “Responsible Physician and Drug Prescription Protocol” will have until July 1, 2016, to submit the new APR form and Written Agreement(s) for their existing practice locations.

General Instructions:

An APR form is required for *each* Physician-PA supervisory relationship. Additionally, the “Written Agreement” portion of the APR form is required for *each* location where the PA will practice under that supervisory relationship. The Written Agreement for each practice location requires information about the practice location, the scope of practice and prescription drug authority of the PA, and the substitute supervising physician for that specific location. PAs practicing at multiple locations will need to submit a Written Agreement for each separate location including office-practices, clinics, hospitals, nursing homes, surgery centers, hospice facilities, etc. Signatures of the PA, supervising physician and substitute supervising physician(s) must be on each Written Agreement.

New Practice Locations Added or Other Changes: Every time a new practice location is added, a new Written Agreement must be submitted to the Board within 10 days. Additionally, any other changes to the APR form must be submitted to the agency within 10 days of being made (examples- changes in scope of practice, prescribing authority, substitute supervising physician, types of supervision, etc.)

Names at bottom of each page: Please include the name of the PA and the Supervising Physician on each page of the form and on any supplemental pages in case the pages become separated. Pages submitted without this information will not be accepted.

Filling Out the Forms: The APR form and included pages for the Written Agreement are in a fillable PDF format. Information can be entered on the form and then printed and signed. Hand-written signatures are required. If additional space is needed to complete the information required in a section of the form, please attach supplemental pages. Incomplete forms will not be accepted.

You may wish to save your electronically filled-out PDF form on your computer so the information is readily available if amendments, additional practice locations, or changes in substitute supervisors need to be made in the future and submitted to the agency. If you hand-write the form, retain a working copy to be edited in the future if needed.

Section I- PA Information:

- Please provide all requested information for the Physician Assistant.
- Name- as it appears on license or application for licensure.
- Provide license number or indicate if a pending application has been submitted to the agency.
- Indicate if the PA's license designation is active or exempt (practice limited by K.S.A. 65-28a03(g))
- List the PA's DEA number if the PA will have controlled-substance drug authority.

Section II- Supervising Physician Information:

- Please provide all requested information for the Supervising Physician (M.D. or D.O.) who will delegate medical services and procedures to be performed by the PA and supervise the PA's practice.
- Name- as it appears on the Supervising Physician's license.
- Indicate whether the Supervising Physician practices in Kansas. Supervising Physicians are required to engage in the practice of medicine and surgery in Kansas pursuant to K.A.R. 100-28a-10(a)(1).
- List the Supervising Physician's DEA number if the PA will have controlled-substance drug authority.
- Provide the Supervising Physician's specialties or practice areas (cardiology, family practice, hospitalist, bariatrics, etc.) A Supervising Physician may only delegate acts which are within their clinical competence and customary practice.
- Indicate how the Supervising Physician and PA will communicate regarding patient care when both are not at the same location (phone, text, e-mail, etc.)
- Specify the agreed-upon plan the PA will follow if a patient has an emergency medical condition which requires treatment that exceeds the PA's authorized scope of practice or clinical competence.

Section III- Substitute Supervising Physician(s) Information:

- Please provide all requested information for **all** Substitute Supervising Physicians who have been designated by prior arrangement to provide supervision of the PA in the Supervising Physician's absence. This may be a single physician or multiple. Each Substitute Supervising Physician designated has the same requirements as the Supervising Physician when he/she is supervising the PA.
- Space on the form is provided to list two Substitute Supervising Physicians. Use additional pages to provide the requested information if there is more than two Substitute Supervising Physicians.
- Name- as it appears on the Substitute Supervising Physician's license.
- Indicate whether the Supervising Physician practices in Kansas. Substitute Supervising Physicians are required to engage in the practice of medicine and surgery in Kansas pursuant to K.A.R. 100-28a-10(a)(1).
- List the Substitute Supervising Physician's DEA number, if the PA will have controlled-substance drug authority.
- Provide the Substitute Supervising Physician's specialties or practice areas (cardiology, family practice, hospitalist, bariatrics, etc.).

Section IV- Written Agreement(s):

- A separate Written Agreement is required for **each** location where the PA will practice. Use additional pages if there is more than one practice location.

Subsection A- Practice Location Information:

- Complete address and telephone information about the specific practice location is required.
- Indicate if the PA's practice at the location is a locum tenens placement and the anticipated timeframe if known.
 - Indicate they type of practice setting for the location.
- Indicate if the practice location is a "different practice location," which is a practice location where the supervising physician is **physically present** less than 20% of the time services are provided at the location. It is important to note that "medical care facilities" defined in K.S.A. 65-425(h), such as hospitals, ambulatory surgery centers and rehabilitation centers, are **not** considered "different practice locations" even if the supervising physician is physically present less than 20% of the time services are provided to patients.
- If the location meets the definition of "a different practice location," indicate whether the specific requirements of K.A.R. 100-28a-14 are met (PA has had 80 hours of direct supervision; a physician provides in-person care at the location at least once every 30 days; written notice that location is primarily staffed by a PA is posted where likely to be seen by patients).
- Specify who the Substitute Supervising Physicians are for the location.

- Describe the agreed-upon procedure for the Substitute Supervising Physician to be notified if the Supervising Physician is absent or unavailable (examples- standing agreement to cover on Wednesday mornings supervisor is in surgery; substitute is notified of PA's work hours each week and ensures availability by phone or text during those times; substitute is on clinic premises during all times PA works, etc.).

Subsection B- Scope of Practice for this Location:

- Describe the scope of practice delegated to the PA at the specific practice location.
- Indicate any delegated medical services or procedures which shall require specific types of supervision by the Supervising Physician or Substitute Supervising Physician. It is **optional** to require specific types of supervision for certain medical services or procedures performed by the PA. The different types of supervision are defined in K.A.R. 100-28a-1a as **direct** (physical presence of supervising physician or substitute), **indirect** (physical presence of supervising physician or substitute at site of patient care within 15 minutes), or **off-site** (supervising physician or substitute is immediately available by telephone or other electronic communication).
- If there are any other restrictions/exclusions to the PA's delegated scope of practice, they should be listed in the space provided on the form (examples- no self-prescribing, colposcopies, newborn care, etc.)
- Specify if the PA has authority to write DNR orders.

Subsection C- Prescription-Only Drug Authority for this Location:

- Indicate the PA's authority to prescribe, administer and dispense **non-controlled** prescription drugs in the corresponding sections on the form. If there are exceptions to the PA's authority, those should be explicitly specified.
- Please note that a PA's authority to dispense prescription drugs is limited by K.S.A. 65-28a08(b)(2). A PA may only dispense prescription drugs if pharmacy services are not readily available; dispensing is in the best interests of the patient; and the quantity of drugs dispensed do not exceed a 72-hour supply. Authority to dispense must be indicated on the Written Agreement.
- Indicate if the PA is authorized to distribute **non-controlled** professional drug samples at the practice location.
- Indicate the PA's authority to prescribe, administer and dispense **controlled substance** prescription drugs in the corresponding sections on the form. If there are exceptions to the PA's authority, those should be explicitly specified.
- List the PA's DEA number to be used when practicing at this location if different from the DEA number listed on the first page of the APR form.
- Indicate if the Supervising Physician and PA both have DEA registrations for all of the schedules of controlled substances the PA is authorized to prescribe, administer or dispense. A Supervising Physician cannot delegate authority that he or she does not have themselves.

Subsection D- Attestations and Signatures for this Practice Location:

- The PA, Supervising Physician and all Substitute Supervising Physicians for this location should carefully read each of the statements before signing.
- Dated signatures of the Supervising Physician, PA and Substitute Supervising Physician(s) are required. If there are more than 2 Substitute Supervising Physicians for this practice location, use additional pages.