

West Virginia Board
of Osteopathic Medicine
405 Capitol Street, Suite 402
Charleston, WV 25301

Osteopathic Physician Assistant Practice Agreement

Name of Physician Assistant		NCCPA Certification #	License #
Business Address			
City		State	Zip Code
Phone (enter 10 digit #)	Email Address		County
Home Address			
City		State	Zip Code
Home Phone (enter 10 digit #)		County	
Primary Supervising Osteopathic Physician (DO Only) (Required)			
Physician Name		Specialty	License #
Business Address			
City		State	Zip Code
Phone (enter 10 digit #)	Email Address		County
Physician Group			
Business Name			
Business Address			
City		State	Zip Code
Contact Name		Contact Phone #	
Contact Email Address		Credentialing Staff Office Phone #	

Physician's Scope of Training and Practice

Education and Training

Institution	No. Of Months Attended	Date of Graduation	Degree Obtained	Attended From	Attended To

1. Are you certified by any American Boards of Osteopathic Medical Specialties? _____

If yes, please list the dates of certification:

2. Do you consider yourself a specialist in any particular field of medicine? _____

If yes, please describe why you are so classified.

3. Have you ever suffered disciplinary action from an appropriate licensing body in any other state? ____

If so, provide information as to the nature of action taken.

4. Do you enjoy hospital or staff privileges? _____

If yes, list hospital(s) and date privileges granted:

5. Have you ever had your staff privileges revoked or suspended by a hospital? _____.

If so, provide information as to the nature of action taken.

6. Are you a member of a professional corporation or association, or affiliated in a group practice? _____
If yes, please list other physician members of said group and whether they intend to supervise individual Physician Assistants as well.

7. Have you ever been convicted of felony? _____.

If yes, please give complete details concerning the matter.

Concept of Physician Assistant Utilization

1. Where do you intend to utilize the services of a Physician Assistant?

2. Provide name, address and license number of ALL physicians who are willing to act as substitute supervising physicians for this Physician Assistant in your absence. **MUST BE COMPLETED**

3. How many PA's do you currently supervise? _____
List their names:

AFFIDAVIT

State _____

County _____

_____ being duly sworn according to law, deposes and says that
(Supervising Physician's Name)
he/she is the person making the foregoing application; that the statements made therein are true to the best of his/her knowledge and belief; and that he/she has thoroughly reviewed the Rules and Regulations pertaining to Physician Assistants and understands them.

(Supervising Physician's Signature)

Subscribed and sworn to before me this

_____ day of _____, 20____.

(SEAL)

(Notary)

Commission expires: _____

Statement of Compliance and Responsibility

I, _____, hereby state that I will direct and supervise Physician
(Supervising Physician's Name)

Assistants in my employ in accordance with the Rules and Regulations pertaining to Physician Assistants promulgated by the West Virginia Board of Osteopathic Medicine. I recognize that I retain full professional and legal responsibility for the care and treatment rendered all my patients.

(Supervising Physician's Signature)

CORE DUTIES

4.3 An Osteopathic Physician assistant should have, as a minimum, the knowledge and competency to perform the following functions and may, under appropriate supervision, perform them

(Check all Requested):

- ☐ 4.3.a. Screen patients to determine the need for medical attention;
- ☐ 4.3.b. Review patient records to determine health status;
- ☐ 4.3.c. Take a patient history;
- ☐ 4.3.d. Perform a physical examination;
- ☐ 4.3.e. Perform development screening examinations on children;
- ☐ 4.3.f. Record pertinent patient data;
- ☐ 4.3.g. Make decisions regarding data gathering and appropriate management and treatment of patients being seen for the initial evaluation of a problem or the follow-up evaluation of a previously diagnosed and stabilized condition;
- ☐ 4.3.h. Prepare patient summaries;
- ☐ 4.3.i. Initiate requests for commonly performed initial laboratory studies;
- ☐ 4.3.j. Collect specimens for, and carry out, commonly performed blood, urine and stool analyses and cultures;
- ☐ 4.3.k. Identify normal and abnormal findings in patient history and physical examination and in commonly performed laboratory studies;
- ☐ 4.3.l. Initiate appropriate evaluation and emergency management for emergency situations; for example, cardiac arrest, respiratory distress, injuries, burns, and hemorrhage;
- ☐ 4.3.m. Provide counseling and instruction for common patient questions;
- ☐ 4.3.n. Execute documents at the direction of and for the supervising physician;
- ☐ 4.3.o. Assist in surgery;
- ☐ 4.3.p. Perform clinical procedures such as, but not limited to, the following:
 - ☐ 4.3.p.1. Venipuncture;
 - ☐ 4.3.p.2. Electrocardiogram;
 - ☐ 4.3.p.3. Care and suturing of minor lacerations, with injection of local anesthesia;
 - ☐ 4.3.p.4. Casting and splinting;

- ____ 4.3.p.5. Control of external hemorrhage;
- ____ 4.3.p.6. Application of dressings and bandages;
- ____ 4.3.p.7. Removal of superficial foreign bodies;
- ____ 4.3.p.8. Cardiopulmonary resuscitation;
- ____ 4.3.p.9. Audiometry screening;
- ____ 4.3.p.10. Visual screening;
- ____ 4.3.p.11. Carry out aseptic and isolation techniques
- ____ Other (Complete Additional Privilege Form)

ADVANCED DUTIES REQUEST FORM

MUST HAVE BOARD APPROVAL PRIOR TO PRACTICE	
Additional Privileges	<p>Pursuant to 24-2-8.11, the physician assistant may perform the following additional tasks as delegated by a supervising physician:</p> <hr/> <p>Description of Task</p> <hr/> <p>Supervising Physician Signature</p> <hr/> <p>Description of Task</p> <hr/> <p>Supervising Physician Signature</p> <p>Please attach additional pages as necessary. Provide proof of training/experience for above – Requested Privileges or Hospital Approved Privilege List:</p> <hr/> <hr/> <hr/> <hr/>

AUTHORIZATION FOR PRESCRIPTIVE PRIVILEGES

Request for Delineation of Delegated Authority for Physician Assistant to:

(check all that apply)

____ Prescribe

____ Administer

____ Dispense

____ Order (DME)

Physician Assistant prescription-Prohibited drugs include Schedules I and II of the Uniform Controlled Substances Act, antineoplastics, general anesthetics, radiographic contrast materials and radiopharmaceuticals. Prescriptions written for Schedule III drugs shall be limited to a 72 hour supply and may not authorize a refill. The maximum amount of Schedule IV or V drugs shall be no more than a 30 day supply. An Osteopathic Physician Assistant may issue refill orders for drugs that are not controlled substances for a period of up to six months, except that an annual supply of a non-controlled substance may be prescribed for a chronic condition as defined in § 2.4-2.3

DEA #: _____

Expiration Date: _____

(Submit copy of current DEA)

WV SURVEY ON PRACTICE DEMOGRAPHICS

Practice Sites	# of hours in a week PA spends at each setting
Primary Care Clinic	
Specialty Care Clinic	
Mental Health Facility	
Chemical Dependency Settings	
Home Visit	
Hospital	
Correctional Facility	
Ambulatory Surgical Center	
Adult Family Home Visits	
Nursing Home/Rehabilitation	
Free Standing Urgent Care Clinics	
Emergency Rooms	
Retail Clinics	
Medical Spas	
Hospice Care	
Occupational Medicine	
Other – Please describe	

Other Current Practice Plans:

List by name all the physicians with which this PA has a current practice agreement.

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Termination:

If this practice agreement is terminated, the physician assistant must notify the Board in writing of that termination within 10 days of termination. See §24-2-10.13.

Send notification to:

WV Board of Osteopathic Medicine
405 Capitol Street, Suite 402
Charleston, WV 25301

Email: wvbdosteo@wv.gov

Fax: (304) 558-6096

We hereby certify under penalty of perjury under the laws of the State of West Virginia that the foregoing information in this practice agreement is correct to the best of our knowledge and belief. We further certify we have reviewed the current rules and regulations of the WV Board of Osteopathic Medicine pertaining to osteopathic physician assistants and this practice description and understand our roles and responsibilities.

Signature of Osteopathic Physician Assistant

Date

Signature of Supervising Osteopathic Physician

Date

Signature of Board Member

Date