

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

**PRIMARY SUPERVISING PHYSICIAN APPLICATION**

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(Office Name)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: \_\_\_\_\_

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
_____	_____	_____
_____	_____	_____
_____	_____	_____

What arrangements have you made for supervision when you are not available or out of town:  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF SUPERVISING PHYSICIAN**

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of \_\_\_\_\_, P.A. while under my supervision. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice. I further certify that notice will be posted that a physician assistant is used, in accordance with 26 VSA, Chapter 31, Section 1741.

I further certify that I have read the statutes and Board rules governing physician assistants.

\_\_\_\_\_  
(Date) (Signature of Supervising Physician)

Co-signature of PA: \_\_\_\_\_

Note: A PA who prescribes controlled drugs must obtain an ID number from DEA. PA's DEA Number \_\_\_\_\_

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**SECONDARY SUPERVISING PHYSICIAN APPLICATION**

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(Office Name)

\_\_\_\_\_  
(Street)

(City/State) (Zip Code) (Telephone Number)

Vermont License #: \_\_\_\_\_

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
_____	_____	_____
_____	_____	_____

List all physician's assistants names and addresses you currently supervise:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN**

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of \_\_\_\_\_, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Secondary Supervising Physician)

## VERMONT BOARD OF MEDICAL PRACTICE PHYSICIAN ASSISTANT SCOPE OF PRACTICE

"Scope of practice" means a written document detailing those areas of medical practice including duties and medical acts, delegated to the physician assistant by the supervising physician for which the licensee is qualified by education, training and experience. At no time shall the scope of practice of the physician assistant exceed the normal scope of either the primary or secondary supervising physician(s) practice.

Physician assistants practice medicine with physician supervision. Physician assistants may perform those duties and responsibilities, including the prescribing and dispensing of drugs and medical devices, that are delegated by their supervising physician(s).

Physician assistants shall be considered the agents of their supervising physicians in the performance of all practice-related activities, including but not limited to, the ordering of diagnostic, therapeutic and other medical services.

It is the obligation of each team of physician(s) and the physician assistant(s) to insure that the written scope of practice submitted to the Board for approval clearly delineates the role of the physician assistant in the medical practice of the supervising physician. This should cover at least the following categories:

a) Narrative: A brief description of the practice setting, the types of patients and patient encounters common to this practice and a general overview of the role of the physician assistant in that practice.

b) Supervision: A detailed explanation of the mechanisms for on-site and off-site physician supervision and communication, back-up and secondary supervising physician utilization. Included here should be a description of the method of transport and back-up procedures for immediate care and transport of patients who are in need of emergency care when the supervising physician is not on premises. This explanation should include issues such as, ongoing review of the physician assistant's activities, retrospective chart review, co-signing of patient charts, and utilization of the services of non-supervising physicians and consultants.

c) Sites of Practice: A description of any and all practice sites (i.e. office, clinic, hospital outpatient, hospital inpatient, industrial sites, schools, etc.). For each site, a description of the PA's activities.

d) Tasks/Duties: A list of the PA's tasks and duties in the supervising physician's scope of practice.

This list should express a sense of involvement in the level of medical care in that practice. The supervising physician may only delegate those tasks for which the physician assistant is qualified by education, training and experience to perform. Notwithstanding the above, the physician assistant should initiate emergency care when required while accessing back-up assistance. At no time should a particular task assigned to the PA fall outside of the scope of practice of the supervising physician.

e) An authorization to prescribe medications which includes the following statements:

1) The physician assistant named in this document will be authorized to prescribe medications in accordance with the scope of practice submitted to and approved by the Vermont Board of Medical Practice.,

2) The physician assistant named in this document will be authorized to prescribe controlled drugs in accordance with the scope of practice submitted to and approved by the Vermont Board of Medical Practice. A physician assistant who prescribes controlled drugs must obtain an identification number from the federal Drug Enforcement Agency (DEA). The physician assistant DEA number is (insert DEA number).

### 3.1.11 AUTHORITY TO PRESCRIBE DRUGS

The certified physician's assistant may prescribe only those drugs utilized by the primary supervising physician and permitted by the scope of practice submitted to and approved by the Board.

The drug order shall be signed, "(physician assistant's name) for (physician's name)".

Upon a pharmacist's request, the Board shall furnish a copy of the Board approved scope of practice and a signature sample of the physician's assistant.

### 3.1.12 PRIMARY SUPERVISING PHYSICIAN

The supervising physician shall:

1. be qualified to practice medicine in the field(s) of medicine in which he or she actively practices;
2. supervise physician assistants only in the field(s) of medicine in which he or she actively practices;
3. submit his or her usual scope of practice as defined in 3.1.1, 10 a).
4. outline in detail how he or she will be available for consultation and review of work performed by the physician's assistant;
5. supervise no more physician assistants concurrently than have been approved by the Board after review of the system of care delivery;
6. furnish copies of the physician assistant's scope of practice to any medical facilities with which the physician's assistant is affiliated or employed;
7. conduct and document regular chart reviews, such as chart audits, and retrospective patient care audits, or review and countersign PA notes;
8. immediately notify the Board in writing of dissolution of the physician assistant's employment contract and the reason(s) for dissolution. Similar notification is required if the scope of practice changes, the employer(s) change, or there is a change in the primary or secondary supervising physician(s). Board approval must be received, otherwise the PA's certificate becomes void. Documents already on file with the Board need not be resubmitted.
9. sign a statement certifying that the primary supervising physician has read the statutes and Board rules governing physician assistants.

### 3.1.13 SECONDARY SUPERVISING PHYSICIAN

The secondary supervising physician shall:

1. be qualified to practice in the field(s) of medicine in which the physician assistant is practicing;
2. supervise physician assistants only in the field(s) of medicine in which he or she actively practices;
3. be responsible for the physician assistant's medical acts only when consulted by the physician assistant.
4. be available for consultation as secondary supervising physician;
5. have read and signed the scope of practice submitted to and approved by the Board;
6. supervise no more physician assistants concurrently than have been approved by the Board after review of the system of care delivery;
7. immediately notify the Board of dissolution of secondary supervision and reasons for dissolution of the physician assistant employment contract. The notification shall include the reasons for ending the employment relationship if any of the grounds of unprofessional conduct as described in 26 V.S.A. Section 1736 has occurred;
8. sign a statement certifying that the secondary supervising physician has read the statutes and Board rules governing physician assistants.