

EMPLOYMENT CONTRACT

I, _____, an applicant for
(Applicant's Name)

Licensure as a Physician Assistant, will be employed by

(Employer's Name)

for the period beginning _____
(Month/Day/Year)

Signature of Physician Assistant

(Date)

Signature of Supervising Physician

(Date)

Print Name of Physician _____

(Must have employment contract for each office)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
108 CHERRY STREET
BURLINGTON, VT 05401
(802) 657-4223

PRIMARY SUPERVISING PHYSICIAN APPLICATION

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

Name of Supervisor _____
(Last) (First) (Middle)

Address where PA will be supervised:

(Office Name)

(Street)

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

Supervisors 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.

Signature of Supervising Physician: _____ Date: _____

Signature of PA: _____ Date: _____

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 of Supervisor: _____
(Last) (First) (Middle)

Address where PA will be supervised:

(Office Name)

(Street)

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

Supervisors 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.

Signature of Secondary Supervising Physician: _____

Date: _____

"Delegation agreement" means a detailed description of the duties and scope of practice delegated by a primary supervising physician to a physician assistant (PA) that is signed by both the physician assistant and the supervising physicians.

In order to practice, a licensed physician assistant shall have completed a delegation agreement as described in section 1735a of this title with a Vermont licensed physician signed by both the physician assistant and the supervising physician or physicians. The original shall be filed with the board and copies shall be kept on file at each of the physician assistant's practice sites. All applicants and licensees shall demonstrate that the requirements for licensure are met.

A delegation agreement should cover at least the following items, and must be submitted for each location the PA will be working.

- a) Narrative: a brief description of the practice setting, the types of patients and patient encounters common to this practice site and a general overview of the role of the PA 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 patient 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 assistants activities, chart reviews (quantity and time frame), co-signing of patient charts, and utilization of the services of non-supervising physicians and consultants.
- c) Site(s) of practice: A description of any and all practice sites (i.e. office, clinic, hospital outpatient, hospital inpatient, industrial sites, schools, etc.)
- d) Tasks/Duties: A list of the PA's tasks and duties. 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 PA is qualified by education, training and experience to perform. Notwithstanding the above, the PA 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) Prescribing: What schedules the PA may prescribe. PA's DEA Number
- f) Signature and date from both the Primary supervising physician and the PA.