



State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

(614) 466-3934
med.ohio.gov

APPLICATION INSTRUCTIONS FORM B PHYSICIAN ASSISTANT PROVISIONAL CERTIFICATE TO PRESCRIBE VERIFICATION OF 20 CONTACT HOURS OF CLINICAL TRAINING IN PHARMACOLOGY AS REQUIRED IN SECTION 4730.46(C)(3)(B), O.R.C.

Section **4730.46(C)(3)(b)** of the Ohio Revised Code, (O.R.C.), requires that a Physician Assistant complete a minimum of twenty contact hours of clinical training in pharmacology in order to be eligible to participate in a provisional period of physician-delegated prescriptive authority.

Section 1: To be completed by the Physician Assistant

The Physician Assistant who is applying for a provisional Certificate to Prescribe in the State of Ohio must complete section 1 of this form and forward it to the supervising physician(s) that is able to verify that you have completed the twenty contact hours in clinical pharmacology in order to be eligible to participate in a provisional period of physician-delegated prescriptive authority.

Section 2: To be completed by the supervising physician(s) who is able to verify the completion of twenty contact hours in clinical pharmacology in order for the Physician Assistant named in this application to be eligible to participate in a provisional period of physician-delegated prescriptive authority.

The supervising physician(s) must complete section 2 of this form attesting to the time period that this Physician Assistant completed the twenty hours of clinical training in pharmacology as required under Section 4730.46(C)(3)(b) of the Ohio Revised Code.

Once the form(s) have been completed, they are to be returned directly to the State Medical Board of Ohio at the address on the form.

FORM B



**PHYSICIAN ASSISTANT
PROVISIONAL CERTIFICATE TO PRESCRIBE
VERIFICATION OF 20 HOURS OF CLINICAL PHARMACOLOGY
AS REQUIRED UNDER SECTION 4730.46(C)(3)(b)
OF THE OHIO REVISED CODE.**

Mail completed form to:
State Medical Board of Ohio
30 East Broad Street, 3rd Floor
Columbus, Ohio 43215

Section **4730.46(C)(3)(b)** of the Ohio Revised Code, (O.R.C.), requires that a Physician Assistant complete a minimum of twenty contact hours of clinical training in pharmacology in order to be eligible to participate in a provisional period of physician-delegated prescriptive authority.

SECTION 1 - APPLICANT INFORMATION
(To be completed *by applicant* and sent to applicable physician)

Physician Assistant

Full Name: _____

Certificate to

Practice Number: _____

SECTION 2 – VERIFICATION OF 20 HOURS OF CLINICAL PHARMACOLOGY PRACTICE
(To be completed *by the physician* and sent directly to the Board at the above address)

Physician Name: _____ License Number: _____

State of Licensure: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Provide the dates below that you supervised, witnessed or had knowledge of the above named applicant engaging in twenty hours of clinical practice of pharmacology as a Physician Assistant: (attach separate sheets if further space is needed)

Start
(Month/Day/Year): _____

End
(Month/Day/Year): _____

I certify that the above named Physician Assistant did obtain twenty contact hours of clinical training in pharmacology as required under 4730.46(C)(3)(b) of the Ohio Revised Code, during the dates provided above.

Physician Signature Date