

State Medical Board of Ohio

Physician Assistant Supervision Agreement Instructions

Read all instructions prior to completing and submitting this application.

This application is to add multiple physician assistants to supervising physicians who already have active supervision agreements.

What is an addendum to the Physician Assistant Supervision Agreement application?

This application is to be completed by the supervising physician and the physician assistant to add newly hired physician assistant to active supervision agreements.

Who is required to complete an addendum to the Physician Assistant Supervision Agreement application?

This application must be completed by every physician who has an active supervision agreement and wishes to add another physician assistant to his/her agreement regardless of whether that physician assistant will be utilized in an office setting or a health care facility.

How will I know that a supervision agreement has been approved?

Once a supervision agreement is approved by the Board the supervision agreement number will appear on the Board's website at MED.OHIO.GOV.

Verification via the website constitutes notification of approval of a supervision agreement.

Where can I obtain my supervision agreement number?

Supervision agreement numbers appear on the Board's website at MED.OHIO.GOV under the licensee profile and status option. Once you get to the license search page under the "profession/institution" select the "41" which denotes the supervision agreement, under the "business name" type in the Physicians last name only and hit the search button. When the search reveals the physicians name and the practice it will give you a number that starts with a 41, i.e. 41.0000. This is the supervision agreement number that you need to indicate for the supervising physician. Please note that each supervising physician has his/her own supervision agreement number. Do not use the SUPV. numbers.

What is a certificate to practice number?

This is the physician assistants license number as issued by the State Medical Board Of Ohio. Certificate to practice numbers appear on the Board's website at MED.OHIO.GOV under the licensee profile and status option. Once you get to the license search page under the "profession/institution" select the "50" which denotes the physician assistant, under the "name" type in the Physicians last name and hit the search button. When the search reveals the physicians assistants name it will give you a number that starts with a 50, i.e. 50.0000. This is the certificate to practice number that you need to indicate for the physician assistant on this application. Please note that each physician assistant has his/her own certificate to practice number.

Is there a fee for this form?

No.

Where do I send this completed form?

State Medical Board of Ohio 30 E. Broad St. 3rd Floor, Columbus, Ohio 43215



ADDENDUM TO THE PHYSICIAN ASSISTANT SUPERVISION AGREEMENT APPLICATION

Mail completed application to:
State Medical Board of Ohio
ATTN: Physician Assistant Program Administrator
30 East Broad Street, 3rd Floor
Columbus, Ohio 43215

APPLICATION INSTRUCTIONS

Complete this form if you have an existing Physician Assistant Supervision Agreement and want to add additional Physician Assistants to the Agreement. **There is no fee for this application.**

PHYSICIAN ASSISTANT SIGNATURE SHEET

I (we) have read and agree to perform only those duties as outlined in the Physician Supervisory Plan, submitted by the undersigned Supervising Physician and as approved by the State Medical Board or the policies of the health care facility listed in the original application.

Physician Assistant Name (Please print):

Certificate to Practice Number:

Physician Assistant signature:

Date:

Physician Assistant Name (Please print):

Certificate to Practice Number:

Physician Assistant signature:

Date:

Physician Assistant Name (Please print):

Certificate to Practice Number:

Physician Assistant signature:

Date:

Physician Assistant Name (Please print):

Certificate to Practice Number:

Physician Assistant signature:

Date:

AFFIDAVIT OF SUPERVISING PHYSICIAN

I agree that I will supervise any physician assistant(s) listed in this "Addendum to the Physician Assistant Supervision Agreement" in accordance with Section 4730.21, Ohio Revised Code, upon approval of the State Medical Board.

Supervising Physician signature *Ohio License Number*

Date

Supervision Agreement Number: _____