

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 a newly hired physician assistant to multiple 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

Where can I obtain my supervision agreement number?

Supervision agreement numbers appear on the Board's website at ELICENSE.OHIO.GOV under the licensee lookup option.

Is there a fee for this form?

No.

Where do I send this 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
30 East Broad Street, Third Floor
Columbus, Ohio 43215

APPLICATION INSTRUCTIONS

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

AFFIDAVIT OF SUPERVISING PHYSICIAN SIGNATURE SHEET

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 and will be legally responsible and assume legal liability for the service provided by the physician assistant(s).

Physician Name (Please print): Physician license number

Supervision agreement number

Physician signature:

Date:

Physician Name (Please print): Physician license number

Supervision agreement number

Physician signature:

Date:

Physician Name (Please print): Physician license number

Supervision agreement number

Physician signature:

Date:

Physician Name (Please print): Physician license number

Supervision agreement number

Physician signature:

Date:

PHYSICIAN ASSISTANT AFFIDAVIT

I (we) have read and agree to perform only those duties as outlined in the Physician Assistant supervision agreement, submitted by the above signed Supervising Physician(s) to the State Medical Board or the policies of the health care facility listed in the original application.

Physician assistant signature Physician Assistant license number (required)

Date