

<i>Official Use Only</i>
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

**PHYSICIAN ASSISTANT  
DELEGATION OF SERVICES AGREEMENT**

**A Delegation of Services Agreement must be maintained at each practice site. It does not need to be submitted with your application.** It consists of written criteria jointly developed by all parties involved that permits a physician assistant, working under the direction or review of the supervising physicians, to assist in the management of illnesses and injuries common to the physician's scope of practice.

**Full Legal Name:** \_\_\_\_\_  
*First Middle Last*

**Address:** \_\_\_\_\_  
*Street Address (including Apt/Unit/Ste #) and/or PO Box*

\_\_\_\_\_  
*City State ZIP Code*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**SUPERVISOR INFORMATION**

**Name of Establishment:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Substitute Supervisor:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Establishment Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

**Telephone Number** \_\_\_\_\_ **Email:** \_\_\_\_\_

**DEGREE AND MEANS OF SUPERVISION**

The supervising physician shall provide supervision to the physician assistant to adequately serve the health care needs of the practice population and ensure that the patient's health, safety, and welfare will not be adversely compromised. A physician assistant holding a temporary license may work only under 100% direct supervision.

List the process by which this supervision will be accomplished, including how supervision will be accomplished when the supervising physician is on vacation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the method of immediate consultation whenever the physician assistant is not under the direct supervision of the supervising physician:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the process and degree of onsite supervision:

---

---

---

**FREQUENCY AND MECHANISM OF QUALITY REVIEW**

List the method for quality review by the supervising physician and physician assistant:

---

---

**PRESCRIBING OF CONTROLLED SUBSTANCES**

A physician assistant may prescribe or administer an appropriate controlled substance if the physician assistant holds a current Utah controlled substance license covering the appropriate schedules of controlled substances and a current DEA registration covering the appropriate schedules of controlled substances; the prescription or administration of the controlled substance is within the prescriptive practice of the supervising professional.

In order to prescribe controlled substances, the physician assistant must have obtained his or her own controlled substance license and DEA registration. The physician assistant may not use his or her supervising physician's controlled substance licenses or DEA registrations.

Please define the process for the physician assistant prescribing controlled substances and expectations.

---

---

**SCOPE OF PRACTICE**

Please define procedures addressing how situations outside the physician assistant's scope of practice will be handled.

---

---

**EMERGENCY SITUATIONS**

List procedures for providing backup support for the physician assistant in emergency situations:

---

---

Signature of Physician Assistant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: A copy of this "Delegation of Services Agreement" is required to be available at the practice site(s). The agreement needs to accurately reflect current practices. You do not need to submit this document to DOPL unless requested.**