

COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

EXECUTIVE DIRECTOR
LaSharn Hughes, MBA



MEDICAL DIRECTOR
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FORM B ADDITIONAL DUTIES REQUEST FORM FOR PHYSICIAN'S ASSISTANTS

Physician's Assistants: Each additional duty to be performed above and beyond those duties described in your basic job description must have PRIOR APPROVAL by the Composite State Board of Medical Examiners. Please complete one form per additional duty. Please use as many forms as necessary for your additional duties. You MAY NOT perform these duties until the Medical Board has notified you that your request for additional duties has been approved. **Submit patient logs of the procedure(s) performed within six months after your request has been approved by the Board.**

Physician Assistant Name _____ License # _____
Last Name First Name Middle

SPECIFIC DUTY REQUESTED: _____

- Number of times performed under direct supervision: _____
- Length of time performed (days, weeks, months): _____
- Certification from sponsoring physician that the Physician's Assistant is competent to perform the duty requested, (i.e. coursework at conference or PA post-graduate training; CME, training by equipment manufacturer, other training methods):

- If the duties being requested were performed in a previous practice not associated with your current practice, did you contact the physician to verify that the PA was competent and proficient in the duties being requested?
_____YES _____NO (please circle one)
- Statement from sponsoring physician of the Physician's Assistant's ability to recognize and manage complications.

- Are you ACLS Certified? _____YES _____NO

Sponsoring Physician's Typed Name Sponsoring Physician's Specialty License Number

Sponsoring Physician's Signature Date

Address City State Zip Code

Sponsoring Physician: LIST CURRENT BOARD CERTIFICATIONS: _____

Physician's Assistant Typed Name Physician's Assistant Signature Date

PLEASE RETURN THIS FORM TO THE COMPOSITE STATE BOARD OF MEDICAL EXAMINERS AT THE ADDRESS LISTED ABOVE.