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FORM AC1
ADDING ALTERNATE PHYSICIANS FORM FOR PHYSICIAN'S ASSISTANTS

(Note: Original Signatures Required)

_____ _____ _____
Primary Sponsoring Physician's Name **Signature** **License No.**

Practice Address: _____
_____
_____

PA Name: _____ _____
First **Middle** **Last** **License No.**

Please add the following physicians as alternate supervising physicians for the Physician's Assistant listed above:

Alternate Physician's Name	License No.	Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

Please keep a copy for your records and provide a copy to the PA.