FORM B PRIOR AA/PA LICENSE INSTRUCTIONS FOR ADDITIONAL DUTY REQUEST FORM FOR PHYSICIAN ASSISTANTS

THE FOLLOWING FORM IS REQUIRED WHEN REQUESTING APPROVAL OF AN ADDITIONAL DUTY IN THE STATE OF GEORGIA.

Physician Assistants must be within the scope of practice of the supervising physician. Additional duties are medical tasks, which are not customarily learned during PA training, and are to be performed outside the physical presence of a supervising physician.

Each additional duty to be performed above and beyond those duties described in your basic job description must have PRIOR APPROVAL by the Georgia Composite Medical Board.

Please complete ONE FORM PER ADDITIONAL DUTY REQUESTED. Please use as many forms as necessary for your additional duties. You MAY NOT perform these duties outside the physical presence of a supervising physician until the Medical Board has notified you that your request for additional duties has been approved.

It is helpful to submit a log of procedures of the specific duty requested and a copy of a current ACLS certification card if applicable to managing the possible procedure complications. Rule of thumb is at least ten procedures must have been performed under direct supervision within a reasonable time frame to be considered for approval.

If you have board approved additional duties from a prior Primary Supervising Physician and would like these duties approved with your new requested Primary Supervising Physician, you must submit a new additional duty request form for each individual duty. Please note on the request that you have had prior board approval for the specific duty. These duties must fall within the scope of practice of your new Primary Supervising Physician and he/she must sign off on the application as required.

FORM B ADDITIONAL DUTY REQUEST FORM FOR PHYSICIAN ASSISTANTS

Physician Assistants must be within the scope of practice of their Primary Supervising Physician. Additional duties are medical tasks, which are not customarily learned during PA training, and are to be performed outside the physical presence of a supervising physician. Each additional duty to be performed above and beyond those duties described in your basic job description must have PRIOR APPROVAL by the Georgia Composite Medical Board. Please complete ONE FORM FOR EACH ADDITIONAL DUTY REQUESTED; submitting as many forms as necessary. You MAY NOT perform these duties until the Medical Board has notified you that your request for additional duties has been approved.

Physician Assistant Name License #

SPECIFIC DUTY REQUESTED (ONLY ONE (1) DUTY PER FORM):

- 1. Number of times performed under direct supervision:
- 2. Length of time performed (days, weeks, months):
- 3. Has PA had prior Board Approval for this Additional Duty under another Primary Supervising MD? YES NO
- 4. If applicable, number of times performed under prior supervising physician:
- 5. If the duties being requested were performed in a previous practice not associated with your current practice, did you contact the prior supervising physician to verify that the PA was competent and proficient in the duties being requested? YES NO
- 6. Is PA ACLS Certified? _____YES _____NO If yes, submit copy of card with this form
- 7. Certification that the Physician Assistant is competent to perform the duty requested as shown by your personal observation (i.e. coursework at conference or PA post-graduate training; CME, training by equipment manufacturer, other training methods and case log of duties performed under direct supervision of physician):
- 8. Statement attesting the Physician Assistants ability to recognize and manage complications:

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 BOA	RD CERTIFICATIONS	:		
Physician Assistant Typed Name		Physician Assistant Si	gnature	
	PLEASE RET	URN THIS FORM TO	D:	
	GEORGIA COMP	OSITE MEDICAL B	DARD	

2 MLK Jr. Drive, S.E., East Towers, 11th Floor Atlanta, GA 30334 **ATTN: Physician Assistant Unit**