

**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):

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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 BOARD CERTIFICATIONS: _____

 Physician Assistant Typed Name Physician Assistant Signature

PLEASE RETURN THIS FORM TO:
GEORGIA COMPOSITE MEDICAL BOARD
2 Peachtree Street, N.W., 6th Floor
Atlanta, GA 30303
ATTN: Physician Assistant Unit