

FORM F
BASIC JOB DESCRIPTION PHYSICIAN ASSISTANT
PRIMARY CARE

This document shall not be required to contain every activity the Physician deems the Physician Assistant qualified to perform but shall confine the activities of the Physician Assistant to those in the scope of practice of the Primary Supervising Physician as defined in O.C.G.A. 43-34-102(4).

1. A Physician Assistant is not required to be in the presence of the Primary or Alternate Supervising Physician to provide medical services, however, the Supervising Physician shall be available for immediate direct communication by telephone or other telecommunication. (For surgery requiring general or neuro-axial and/or major regional block, the supervising physician must be present in the operating facility.)
2. Supervision means overseeing the activities of, and accepting the responsibility for, the medical services rendered by a Physician Assistant.
3. The Physician and the Physician Assistant are expected to understand and comply with all current laws, rules and regulations which govern the practice of Physician Assistants in the State of Georgia and will be acknowledging this by affixing their signature on this Job Description.
4. The Physician Assistant while engaged in his/her professional duties, shall be at all times properly identified as a Physician Assistant and shall wear a clearly legible identification name tag with the words "Physician Assistant" and be addressed as Mr., Mrs., Ms., or Miss. as required under Rule 360-5-.11(6).
5. A Physician Assistant is authorized to evaluate and treat new or established patients, make house calls, nursing home visits, perform hospital duties, serve as an ambulance attendant, or perform any functions authorized by the supervising physician which the physician assistant is qualified to perform.
6. A Physician Assistant may gather a data base on all new patients or established patients with new or existing problems which may include a complete medical history and physical examination, medical record review, and he/she may order the appropriate initial diagnostic studies and initiate a treatment plan.
7. A Physician Assistant may instruct and counsel patients and their families, and involve them in informed decision making, with regards to their illness or injury, therapeutic and diagnostic procedures, treatment regimens, normal growth and development, family planning, advanced directives, emotional problems of daily living, and health maintenance. He/she may also facilitate referrals of patients to other medical providers, medical facilities, or other health/social service agencies when appropriate as per the delegation of the supervising physician.
8. A Physician Assistant, if qualified by training and experience as determined by the supervising physician, may perform medical treatments, diagnostic procedures, or tasks as delegated by the supervising physician which fall within the normal scope of practice of the supervising physician.
9. A Physician Assistant may order/select a dangerous drug or controlled substance or order medical treatments or diagnostic studies in any health care setting in accordance with Rule 360-5-.11(4).
10. A Physician Assistant may carry out a prescription drug or device order in any health care setting in accordance with Rule 360-5-.12.
11. The Physician Assistant may request, receive and sign for professional samples and may distribute professional samples to patients in accordance with O.C.G.A. § 43-34-103(e.2). The Physician Assistant shall maintain, in the office or facility where the Physician Assistant is working, a log detailing a complete listing of the specific number and dosage of each professional sample received and dispensed. All professional samples shall be maintained as required by applicable state and federal law and regulations.
12. In a life-threatening emergency situation, when the supervising physician is not present, the Physician Assistant may initiate appropriate evaluation and treatment.
13. The Physician Assistant may pronounce death in any setting as provided in O.C.G.A. 43-34-103(j)

**PHYSICIAN PRIMARY CARE JOB DESCRIPTION
PAGE 2 (if applicable)**

14. The Physician Assistant may sign, certify, and endorse all documents relating to health care provided to a patient within his or her scope of authorized practice, including, but not limited to, documents relating to physical examination forms of all state agencies and verification and evaluation forms of the Department of Human Services, the State Board of Education, local boards of education, the Department of Community Health, and the Department of Corrections, except for death certificates and assigning a percentage of a disability rating as provided in O.C.G.A. 43-34-103(l)

THIS IS TO CERTIFY THAT THE UNDERSIGNED HAS RECEIVED, READ AND ARE FAMILIAR WITH THE MEDICAL PRACTICE ACT RULES AND REGULATIONS PERTAINING THERETO. IT IS FURTHER UNDERSTOOD THAT SUPERVISION MEANS OVER SEEING THE ACTIVITIES OF AND ACCEPTING THE RESPONSIBILITY FOR THE MEDICAL SERVICES RENDERED BY A PHYSICIAN ASSISTANT.

Please type or "print legibly"

_____ Physician Assistant Name	_____ License #	_____ Physician Assistant Signature	_____ Date
_____ Supervising Physician Name	_____ License #	_____ Supervising Physician Signature	_____ Date

ALTERNATE SUPERVISING PHYSICIAN(S)

Alternate Supervising Physician is a physician, on record with the board, whom the above named Primary Supervising Physician has delegated the responsibility of supervising the above-named Physician Assistant and who agrees to supervise the Physician Assistant for the Primary Supervising Physician. O.C.G.A. 43-34-102(2)

The following physicians are designated as alternate supervising physicians for the Physician Assistant listed above. **EACH LINE FOR ALTERNATE PHYSICIANS MUST BE COMPLETED. DO NOT SUBMIT SEPARATE FORMS FOR EACH ALTERNATE PHYSICIAN.**

Please type or "print legibly"

Alternate Physician's Name	License #	Original Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PHYSICIAN PRIMARY CARE JOB DESCRIPTION
PAGE 3 (if applicable)**

PA Name: _____ **PA License #:** _____

Supervising Physician Name: _____

Physician License #: _____

Please type or "print legibly"

Alternate Physician's Name	License #	Original Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____