

VOLUNTEER TEMPORARY PRACTICE AGREEMENT FORM

THE FOLLOWING FORM IS REQUIRED WHEN APPLYING FOR TEMPORARY PRACTICE AGREEMENT AS A PHYSICIAN ASSISTANT (INCLUDING ANESTHESIA ASSISTANT) IN THE STATE OF GEORGIA.

This application is intended for Utilization of a Physician Assistant in Clinics for Financially Disadvantaged Patients

Clinics/organizations serving financially disadvantaged patients must separately notify the Board of their intent to utilize physician assistants as volunteers.

1. Physician assistants may only work within the scope of practice of the physician supervising them at that clinic.
2. A physician may not exceed the number of physician assistants he is legally allowed to supervise.
3. Temporary practice agreements are valid:
 - a. For a maximum period of two years;
 - b. Only while the supervising physician and physician assistant have current Georgia licenses, in good standing.
4. If the organization has more than one site, a separate application must be filed for each clinic site.

Volunteer Temporary Practice Agreement

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PHYSICIAN INFORMATION: - PRINT LEGIBLY

PHYSICIAN NAME: _____ MD/DO (CIRCLE ONE)

PHYSICIAN SPECIALTY: _____ LICENSE NUMBER: _____

BUSINESS ADDRESS: _____

CITY	STATE	ZIP CODE
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BUSINESS PHONE: _____

EMAIL ADDRESS: _____

Physician Signature	Date
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PHYSICIAN ASSISTANT INFORMATION: - PRINT LEGIBLY

PHYSICIAN ASSISTANT NAME: _____ LICENSE NUMBER: _____

BUSINESS ADDRESS: _____

CITY	STATE	ZIP CODE
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BUSINESS PHONE: _____

EMAIL ADDRESS: _____

Physician Assistant Signature	Date
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