## **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**

**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.

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- 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.
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## **PHYSICIAN INFORMATION: - PRINT LEGIBLY**

PHYSICIAN NAME:		MD/DO (CIRCLE ONE)	
PHYSICIAN SPECIALTY:_	LICE		
BUSINESS ADDRESS:			
СІТҮ	STATE		ZIP CODE
BUSINESS PHONE:			
EMAIL ADDRESS:			
Physician Signature		Date	
<u>PHYSICIAN ASSISTANT I</u>	NFORMATION: - PRINT LE	<u>GIBLY</u>	
PHYSICIAN ASSISTANT NAME:		LICENSE NUMBER:	
RUCINECS ADDRESS.			
DOSINESS ADDILESS			
CITY	STATE		ZIP CODE
СІТУ	STATE		
CITY BUSINESS PHONE:	-		