

This form may be mailed to the address above, or faxed to (502) 429-7158

## Physician Assistant Evaluation Survey

As delineated in Section (11) of the Kentucky Licensed Physician Assistant Statutes and Regulations, 311.856, all supervising physicians must analyze/evaluate every two (2) years the physician assistant's reliability, accountability, fund of medical knowledge, and recommend approval or disapproval of re-licensure to the Board. The **primary** supervising physician must complete this form.

Name of **Primary** Supervising Physician: \_\_\_\_\_

Name of Physician Assistant: \_\_\_\_\_

KY License Number: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

**\*\*This section must be completed or the form will be returned.** In the space below, please provide the Board with an updated summary of the physician assistant's duties within the practice and reliability and accountability with respect to specific duties:

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**If you answer "No" to the following questions, please attach a written explanation.**

1. Does the physician assistant function effectively within the guidelines of your scope of practice and specialty?  
 Yes  No
2. Does the physician assistant function within the guidelines set forth in the Kentucky Statutes and Regulations for Licensed Physician Assistants referenced above?  
 Yes  No
3. Based on the physician assistant's performance while under your supervision, would you recommend the renewal of his/her licensure in the Commonwealth of Kentucky?  
 Yes  No
4. Please list any other physicians who have participated in this evaluation of the physician assistant's performance. \_\_\_\_\_

I, \_\_\_\_\_, am currently functioning as the **primary** supervising physician for the physician assistant named above and state that the information submitted in this critical survey is true and correct to the best of my knowledge.

Signature of **Primary** Physician: \_\_\_\_\_ Date: \_\_\_\_\_