Kentucky Board of Medical Licensure
310 Whittington Parkway Suite 1B
Louisville, KY 40222
(502) 429-7150

Instructions for Supervising Physicians Requesting Prescriptive Authority for Physician Assistant to Prescribe Controlled Substances

The attached application should be completed by the supervising physician requesting physician assistant prescriptive authority for controlled substances. The supervising physician must have Board approval to supervise the named physician assistant or be in the process of obtaining Board approval to request prescriptive authority. This application will require approval by the Board's Executive Director prior to the physician assistant prescribing any controlled substances. The supervising physician and the physician assistant will receive notification in writing.

Physician assistants who work for more than one **primary** supervising physician will be required to have each **primary** supervising physician complete this application. An approval letter will be issued for each **primary** supervising physician. Physician assistants must have an approval letter for each **primary** supervising physician prior to the physician assistant prescribing controlled substances.

Any physician assistant requesting prescriptive authority will need to submit a minimum of 7.5 hours of Board approved continuing education related to controlled substances diversion, pain management, addiction disorders, use of KASPER or any combination of two or more. The Board approved continuing medical education courses can be found on the Board's website https://kbml.ky.gov/cme/Pages/default.aspx. The physician assistant is required to submit the continuing medical education and prescriptive authority application to Teresa Kleinhenz. The application and CME hours may be emailed to Mistee.joyce@ky.gov, sent by fax to (502) 429-7158 or mailed to the address above. Please send the CME hours and application **together**. Do not send under separate cover.

Please direct any questions regarding this application to Mistee Joyce, Mistee.joyce@ky.gov or (502) 764-2601.

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Physician Assistant Initial Application for Prescriptive Authority For Controlled Substances

1. Supervising Physician Name: _____

2. Kentucky License Number: _____ Specialty: _____

3. Physician Assistant Name: _____ KY License Number: _____

4. Office Address: _____
   (street)

   _____
   (city) (state) (zip)

5. Contact Email: _____ Office Phone Number: _____

6. How many years of experience does the above named physician assistant have as a licensed and practicing physician assistant? _____

7. Has the above named physician assistant completed during the previous two years a minimum of 7.5 hours of continuing education relating to controlled substances diversion, pain management, addiction disorders, use of KASPER or any combination of two or more? *YES NO
   *If yes, please SUBMIT proof of completion of course work to teresa.kleinhenz@ky.gov or fax to (502) 429-7158.

8. Provide **description of the extent of delegation** of prescriptive authority (i.e. scope of medical services and procedures for which the physician assistant may prescribe or administer controlled substances)

   _____

   _____

Supervising Physician Attestation and Affidavit

I Attest That:

A. I acknowledge that the physician assistant is my agent in performing medical services and procedures described in the initial application and this supplemental application and that physician assistant may not practice independently.
B. I authorize that the physician assistant may only prescribe and administer Schedule III, IV and V controlled substances to the extent delegated by me.
C. I acknowledge that the physician assistant is prohibited from **dispensing** controlled substances.
D. I acknowledge that the prescriptions issued by the physician assistant for Schedule III Controlled Substances as described in KRS 218A.080, shall be limited to a 30-day supply without refill

Supervising Physician Name: _____ KY License Number: _____

Physician Assistant Name: _____ KY License Number: _____

Supervising Physician Attestation and Affidavit (Continued from page 1)

I Attest That:

E. I acknowledge the prescriptions issued by the physician assistant for Schedule IV or V controlled substances, as described in KRS 218.100 and 218A.120, shall be limited to the original prescription and refills not exceed a 6-month supply.

F. I acknowledge that prescriptions issued by the physician assistant for benzodiazepines or Carisprodol shall be limited to 30-day supply without any refill.

Affidavit of Supervising Physician

I, _____ hereby state that I have conducted an adequate investigation and am of the opinion that the aforementioned physician assistant is possessed of good moral character and is both mentally and physically able to prescribe and administer controlled substances within the acceptable and prevailing medical standards of the Commonwealth of Kentucky. I will exercise control and supervision of the named physician assistant in accordance with the rules of the Kentucky Board of Medical Licensure and retain professional responsibility for the care and treatment of patients he/she sees as directed by me. I also hereby certify under oath that I am the person named in this application to supervise a physician assistant in the Commonwealth of Kentucky; that all statements I have made therein are true and the physician assistant will function under my supervision and responsibility.

Supervising Physician Signature: _____ Date: _____

Physician Assistant Signature: _____ Date: _____