

Kentucky Board of Medical Licensure - Supervising Physician Application Instructions

www.kbml.ky.gov

Changing / Adding a Supervising Physician

If you are a physician assistant currently licensed in Kentucky and you wish to add a new supervising physician (different practice), or if you wish to obtain your temporary license the following items are required:

- Application Fee - \$100
- New Supervising Physician Application
- New Supervising Physician Agreement
- New Application for Prescriptive Authority (if applicable)

The Board will send an acknowledgement letter via USPS to the mailing address on record once the application and agreement are received.

Transfer of Supervising Physician

If you are a physician assistant currently licensed in Kentucky and are changing your supervising physician within the same practice, the following items are required:

- Application Transfer Fee - \$50
- New Supervising Physician Application
- New Supervising Physician Agreement
- New Application for Prescriptive Authority (if applicable)

Application Process Frequently Asked Questions - New application process pursuant to Senate Bill 116.

Q: What is the difference between the Supervising Physician Application and the Supervising Physician Agreement?

A: The Supervising Physician Application is to be submitted by a physician who desires to supervise a physician assistant and provide details regarding the nature of the practice. The Supervising Physician Agreement is a document that provides details regarding the scope of services, procedures, and alternate supervising physicians (optional) delegated by the supervising physician. A copy of this agreement must be sent to KBML for record-keeping and maintained on file at the practice level.

Q: Do I need to submit the new application if I am not changing my supervising physician?

A: No, your existing documents on file are still valid.

Q: Do I need to submit the new application if I am changing my supervising physician?

A: Yes, follow instructions on the "Change of Supervising Physician" above.

Q: Do I need to submit a new application to list alternate supervising physicians?

A: No, this is not required; however, if you are adding an alternate supervising physician to an existing board approved supervising physician, you can simply submit the names and license numbers to our office, on letterhead, for the home file. Another available option is the list of alternate supervising physician(s) can be maintained by the health care facility.

Q: Once a new supervising physician application is submitted, how will I know if it was received?

A: The Board will send a letter of acknowledgement to the mailing address on record.

Telemedicine

Prior to applying, please review KRS 311.854 (2)(b). A supervising physician **MUST** maintain practice primarily within this Commonwealth. The board in its discretion may modify or waive this requirement. An application will not be considered if both the physician and physician assistant primarily practice out of state.

*****INCOMPLETE APPLICATIONS WILL BE RETURNED*****



Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
Telephone: (502) 429-7150
www.kbml.ky.gov

You may pay the required fee by check, money order, or credit card. Make your check or money order payable to the Kentucky Board of Medical Licensure or KBML. Payment must accompany the application.

Please complete the following info:

Payment of this fee is for the application to supervise (name of physician assistant)

Submitted by (name of supervising physician)

Payment Type:

Check:

Check No. _____
Amount: _____

Money Order:

Money Order No: _____
Amount: _____

Credit Card:

Credit Card Type (i.e. Visa, Mastercard, etc.): _____

Amount: _____

Credit Card Holder Name: _____

Billing Address: _____

Email Address of Card Holder: _____

Phone Number of Card Holder: _____

Credit Card Number:

Expiration Date

{MMYY}

Security Code

This form will be destroyed upon the processing of your payment.

APPLICATION TO SUPERVISE A PHYSICIAN ASSISTANT

This application is to be submitted by a physician who desires to supervise a physician assistant. KBML inquiries in regard to this agreement will be directed to the supervising physician at the supervising physician's contact information provided. Inquiries from the supervising physician to the KBML may be directed to the physician assistant licensing coordinator at (502) 764-2601. This form is available in a "pdf" format, with fillable fields, on the KBML's website, <http://www.kbml.ky.gov/ah/pa.htm>

Name of Supervising MD/DO: _____ **KY License No.** _____

Is your KY medical/osteopathic license active and in good standing? _____ Yes _____ No

Primary practice address of MD/DO (street/city/state/zip): _____

(Note: KRS 311.854(2)(b) requires that the supervising physician maintain a practice primarily within the Commonwealth.)

Telephone No. _____ E-mail address: _____

Name of Physician Assistant: _____ **KY License No.** _____

Pursuant to KRS 311.854(2)(c), describe the nature of your (supervising MD/DO's) practice (i.e. practice specialty; typical diagnoses made and treatments offered; clinic setting; average number of patients per day, etc):

This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Note: Pursuant to KRS 311.854(3) and (4) a physician assistant shall not render any medical services or procedure unless a **supervision agreement** is completed and signed by the supervising physician and physician assistant and filed with the KBML. A standardized supervision agreement is available in a “pdf” format, with fillable fields, on the KBML’s website, <http://www.kbml.ky.gov/ah/pa.htm>

STATEMENT OF ASSURANCE

- 1) I have read and understand the definition of “supervision” set forth in KRS 311.840(8) and I agree that I will oversee the medical services rendered by the physician assistant.
- 2) I understand that the physician assistant may not practice independently (KRS 311.858(8)) and to that end, I understand and agree that:
 - a. The scope of medical services and procedures to be performed by the physician assistant shall be limited to those described in the supervising agreement and shall not exceed the normal scope of my own practice. (KRS 311.850(1)(j); 311.854(2)(c); 311.856(1); and 311.858(1))
 - b. I shall not allow the physician assistant to dispense controlled substances. (KRS 311.856(2))
 - c. I shall require the physician assistant to wear identification that clearly states that he or she is a physician assistant. (KRS 311.856(4))
 - d. The physician assistant shall not submit direct billing for medical services and procedures. (KRS 311.856(5) and 311.858(5))
 - e. I shall not require the physician assistant to perform services or other acts that the physician assistant feels incapable of carrying out sagely and properly. (KRS 311.856(7))
 - f. I shall maintain supervision as outlined in the supervision agreement to ensure that the physician assistant is performing as directed and complying with the agreement. (KRS 311.856(8))
 - g. My physical presence is *not* required when medical services are rendered by the physician assistant; the physician assistant may perform services in my offices or clinics; and the physician assistant may render services in hospitals or other licensed health care facilities with written permission of the facility’s governing body. (KRS 311.858(7))
 - h. The physician assistant may initiate evaluation and treatment in emergency situations without specific approval. (KRS 311.858(2))
- 3) I understand and agree that I shall notify the Board within three (3) business days if I cease to supervise or employ the physician assistant, or I have reason to believe in good faith that the physician assistant has violated any statute or regulation governing physician assistants. (KRS 311.856(9))
- 4) I understand and agree that any false or misleading statements provided in conjunction with the supervision agreement and/or my failure to abide by the attestations contained herein may be grounds for discipline, including up to revocation, against my license to practice medicine or osteopathy in the Commonwealth of Kentucky. (KRS 311.595(1), (9) and/or (10))

(MD/DO Signature)

(Date)

(Print Name)

***** Original signatures required *****
Return original to KBML/Faxes will not be accepted

STANDARDIZED SUPERVISION AGREEMENT (PHYSICIAN – PHYSICIAN ASSISTANT)

This agreement is to be completed by the supervising physician and based upon mutual agreement with the identified physician assistant. KBML inquiries in regard to this agreement will be directed to the supervising physician at the supervising physician's contact information provided. Inquiries from the supervising physician to the KBML may be directed to the physician assistant licensing coordinator at (502) 764-2601. This form is available in a "pdf" format, with fillable fields, on the KBML's website, <http://www.kbml.ky.gov/ah/pa.htm>

* Please note that this agreement contains four (4) sections, Section I-IV. Sections II and III are optional. *

SECTION I:

Name of supervising MD/DO: _____ **KY License No.** _____

Name of Physician Assistant: _____ **KY License No.** _____

Primary practice location of Physician Assistant (street/city/state/zip): _____

If applicable, additional sites where physician assistant may provide services:

Pursuant to KRS 311.854(3), describe the following:

(1) Scope of medical services and procedures approved by the supervising physician to be performed by the physician assistant (Note: The scope of medical services and procedures to be performed by the physician assistant shall be limited to those described in this agreement and shall not exceed the normal scope of the supervising physician's practice. (KRS 311.850(1)(j); 311.854(2)(c); 311.856(1); and 311.858(1)):

(2) Level and method of supervision to be provided by the supervising physician:

(3) Any applicable requirements for review and countersignature of the physician assistant's medical notes, orders or prescriptions:

- (4) Procedures governing communications and clinical decision-making between the supervising physician and the physician assistant:

SECTION II (Optional):

**APPLICATION FOR PRESCRIPTIVE AUTHORITY
FOR CONTROLLED SUBSTANCES**

Does the named physician assistant have at least one (1) year of experience as a licensed and practicing physician assistant? ☐ Yes ☐ No

I hereby approve that the physician assistant may prescribe and administer controlled substances to the following extent (*check all that apply*):

- ☐ Narcotic Schedule II controlled substances classified under KRS 218A.060 (except for hydrocodone combination products as defined in KRS 218A.010) limited to a seventy-two (72) hour supply without any refill. (KRS 311.858(4)(c))
- ☐ Hydrocodone combination products as defined in KRS 218A.010, nonnarcotic Schedule II controlled substances, and Schedule III controlled substances, as defined in KRS 218A.060 and 218A.080, limited to a thirty (30) day supply without any refill. (KRS 311.858(4)(d))
- ☐ Schedule IV and V controlled substances, as defined in KRS 218A.100 and 218A.120, limited to the original prescription and refills not to exceed a six (6) month supply. (KRS 311.858(4)(e))
- ☐ Benzodiazepines and Carisoprodol limited to a thirty (30) day supply without any refill. (KRS 311.858(4)(f))

If applicable, and for clarification, please specify any controlled substances (by name, class or schedule) that the physician assistant is *not* approved to prescribe or administer:

SECTION III (Optional):

ALTERNATE SUPERVISING PHYSICIAN(S)

Designation of an alternative supervising physician is *not* required; it is optional. A health care facility may designate one (1) or more physicians to serve as an alternate supervising physician for the purpose of providing supervision when the primary supervising physician is unavailable. A health care facility's designation of alternate supervising physicians may be structured to allow for rotating, shift-based or department-based supervision. (KRS 311.854(6), (7) and (8))

Check if applicable:

- ☐ This designation of alternative supervising physician(s), is made by the following health care facility pursuant to KRS 311.854(7):

(Print Name of Health Care Facility)

SECTION IV: ATTESTATION

The undersigned supervising physician and physician assistant hereby attest that they have read and understood all applicable statutes regarding the practice of a physician assistant and the supervising of a physician assistant, specifically KRS 311.840 through KRS 311.862.

The undersigned supervising physician and physician assistant hereby attest they understand that a physician assistant may not render any medical services or procedure unless a supervision agreement is completed and signed by the supervising physician and physician assistant and filed with the KBML. (KRS 311.854(3) and (4))

The undersigned supervising physician and physician assistant hereby attest they understand that this supervision agreement may be amended at any time upon the mutual agreement of the supervising physician and the physician assistant by submitting a newly executed supervision agreement. (KRS 311.854(5))

The undersigned supervising physician and physician assistant hereby attest they understand that a physician assistant may be disciplined, pursuant to KRS 311.850(1)(j), if he or she exceeds the scope of medical services described in this agreement.

The undersigned supervising physician and physician assistant hereby attest they understand that any false or misleading statements provided in conjunction with this agreement and/or failure to abide by the attestations contained herein may be grounds for discipline, including up to revocation, against their licenses to practice medicine or osteopathy or as a physician assistant. (KRS 311.595(1), (9) and/or (10); and KRS 311.850(1), (h) and (s))

(Supervising Physician Signature)

(Physician Assistant Signature)

(Print Name)

(Print Name)

(Date)

(Date)

***** Original signatures required *****
Return original to KBML/Faxes will not be accepted