



Louisiana State Board of Medical Examiners

630 Camp Street, New Orleans, LA 70130

(504) 568-6820

- Physician Assistant - Notice of Intent to Practice (and/or)
Supervising Physician - Delegation of Prescriptive Authority

Specify: Adding SP Changing SPs Delegation RX (please v)

PA Name: PA#:

Areas of practice relevant to PA activities: (i.e. Ortho, ED, Urgent Care, Surgery):

List all practice locations including clinic/hospital names:

Designating below SP as a: Primary (P-SP) or Locum Tenens (LT-SP)

Is this a: new designation or change in designation?

SP Name: SP#: MD#:

- PA must have at least one board approved P-SP.
A SP can be a P-SP for no more than two PAs, but can be LT-SP for an unlimited number of PAs.
Physicians not registered as a SP must submit a "Registration as a Supervising Physician" application.

Delegation of RX Authority - MUST BE COMPLETED BY SUPERVISING PHYSICIAN:

Are you delegating prescriptive authority to this PA: Yes No If yes, complete area below.

Legend/Medical Devices: Yes No Controlled Drugs (III-V): Yes No

In signing this application the Supervising Physician and Physician Assistant acknowledge/certify that:

- The SP and PA have read the rules relating to delegation of prescriptive authority to PAs as found in LAC 46 XLV. S1521.A.5. and S4506
The SP has personally delegated prescriptive authority for the named prescriptive categories to the PA noted on this application.
The SP and PA will adhere to practice guidelines in conformance with LAC 46 XLV S1521.A.5, relating to the use of prescriptive authority which will include a description of the manner and circumstances in which the SP has authorized the PA to utilize prescriptive authority.
Practice guidelines as described in c. (above) are on file at all practice locations.
Responsible direction and control of the prescriptive authority will be assured by 100% record review as required by law.
All information, representations and documents contained in or submitted with the application are truthful and authentic.
The PA has notified all other P-SPs of intent to practice with one or more additional SPs.

SP Signature Date

PA Signature Date

PA Email Address PA Cell Number

Submit completed form to LSBME via fax: (504) 568-6823 OR mail PO Box 30250, New Orleans, LA 70190 (not both).

Incomplete documents will not be considered for approval. Approved form will be mailed to PA's current mailing address on record.

BELOW IS FOR LSBME USE ONLY

Board Approval:

LSBME Licensing Analyst: Date:

This form must be presented to a Board official upon request S4511.B.