



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Medical Examiners

110 Centerview Dr • Columbia • SC • 29210

P.O. Box 11289 • Columbia • SC • 29211

Phone: 803-896-4500 • Medboard@llr.sc.gov • Fax: 803-896-4515

www.llronline.com/POL/Medical/



Change/Additional Primary Supervisor Form for Physician Assistants

Signed scope of practice must accompany this form. Select type of change you are requesting (please select only one option):

- Changing Primary Supervising Physician
- Changing Primary Supervising Physician within the same practice
- Adding an Additional Primary Supervising Physician

To add alternate supervising physicians, please complete and submit the Adding Alternate Physicians Form

Last Name	First Name	Middle Name	Maiden Name
Home Address (Street, City, State, Zip):		Home Phone:	
Mailing Address (Street, City, State, Zip):		Email Address:	
SS#:	SC License#:	Specialty Area:	

PRIMARY Practice Site	Employer Name		
	Practice Address: (Street, City, State, Zip)		
Primary Supervising Physician Information	Supervising Physician (All physicians must have a permanent SC license in good standing)		Proximity to Physician Assistant in Miles:
	Business Address: (Street, City, State, Zip)		
SC Physician's License No:	Practice Specialty:	Primary Practice Site Phone Number	

Signature of Supervising Physician _____
Date

SECONDARY/ADDITIONAL Practice Site (If more than 2 sites, duplicate form as needed)	Employer Name:		
	Practice Address: (Street, City, State, Zip)		
	Business Address: (Street, City, State, Zip)		Proximity to Physician Assistant in Miles:
Secondary Practice Site Phone Number			

I HEREBY swear/affirm the statements made in this document to be TRUE to the best of my knowledge.

Signature of Physician Assistant _____
Date

Supervision Statement

The supervising physician bears the ultimate professional and legal responsibility for the practice and conduct of the physician assistant, (the PA).

Upon licensure and board scope of practice approval, supervising physicians, alternate supervising physicians and physician assistants acknowledge their understanding of all aspects of the statutes, regulations and policies pertaining to practice with or as a physician assistant.

The supervising physician and the physician assistant must practice above all in accordance with the South Carolina Medical Practice Act and Regulations of the South Carolina Medical Board as well as other federal and state laws.

The South Carolina medical practice act and the approved scope of practice are the foundation for safe practice using physician assistants. All medical tasks, procedures and prescribing must be within the approved scope of practice as individually approved by the board.

Changes to the medical practice act affecting the practice of physician assistants and their supervising physicians were enacted in May 2013. Regardless of the employment arrangement, management style or employer policies, it is the fundamental responsibility of the individual licensees involved to become thoroughly familiar with these changes as well as the practice act in its entirety to ensure public protection and avoid individual disciplinary action.

What constitutes legally compliant physician supervision depends upon several factors: The content of the physician assistant’s approved scope of practice; the physician assistant’s level of prescriptive authority if any, the training, experience and education of the physician assistant, the number of physician assistants supervised, the amount of time the supervising physician and the physician assistant have worked together, the distance between the supervising physician and the physician assistant if authorized by the board for off-site practice, the practice setting and the medical specialty.

A physician assistant must clearly identify himself or herself as a physician assistant to ensure that the physician assistant is not mistaken or misrepresented as a physician. A physician assistant shall wear a clearly legible identification badge or other adornment at least one inch by three inches in size bearing the physician assistant’s name and the words “Physician Assistant”.

Any questions concerning the requirements of the Physician Assistants practice act should be addressed prior to undertaking any action.



Dr. Stephen R. Gardner
President, S.C. Board of Medical Examiners

Physician Assistant initial_____



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**APPLICATION FOR PRESCRIPTIVE AUTHORITY
(NON-CONTROLLED SUBSTANCES ONLY)**

Include one-time \$40 application fee

Physician Assistant Name: _____

I acknowledge, understand, and assume my responsibilities as supervising physician of the above named Physician Assistant for prescriptive authority. I understand that should a Physician Assistant acting under my supervision engage in illegal conduct, I shall be subject to discipline under the Medical Practice Act. I further understand and agree that if the Physician Assistant engages in any unprofessional, unethical or illegal conduct, that I will promptly report such action in writing to the State Board of Medical Examiners of South Carolina.

If the Physician Assistant wishes to prescribe Schedule II-V drugs (as authorized in section 40-47-965), an application for a Controlled Substances registration must be obtained from DHEC-Division of Narcotic and Drug Control for a controlled substance license at (803) 896-0634.

Supervising Physician Signature

Date

Physician Assistant Signature

Date



Controlled Substance Prescriptive Authority Form

Controlled Substances Prescriptive Authority: Submit the Controlled Substance Prescriptive Authority Form along with a copy of the certificate showing successful completion of the course: Continuing Medical Education for Appropriate Prescribing of Controlled Substances for Physician Assistants [15 hours of Category I CME credits].

Controlled Substance Registration –Applications for both federal and state registration are available from the Narcotic and Drug Control Division, Dept. of Health and Environmental Control, 2600 Bull Street, Columbia, SC 29201, (803) 896-0634. You cannot register with the DHEC Bureau of Drug Control until you have received your Expanded Authorization to Prescribe Schedule Controlled Substances Approval Letter from the S.C. Board of Medical Examiners office.

Pursuant to Section 40-47-965 (B) of the 1976 Code of Laws, amended, this is to confirm under oath and penalty of law that I have completed the requirements of the South Carolina Board of Medical Examiners regarding the authorization of licensed Physician Assistants in South Carolina to prescribe Controlled Substances in Schedules II-V.

I hereby certify that I am duly licensed in South Carolina as a Physician Assistant based upon current certification by the NCCPA, which includes not less than 60 contact hours of pharmacotherapeutics. I further certify that I have **successfully completed at least 15 contact hours of education in controlled substances acceptable to the Board.** (Documentation of controlled substance education must accompany this form).

I further certify that my scope of practice guidelines include prescribing controlled substances in Schedules II-V (as authorized in section 40-47-965), as approved by my Supervising Physician.

This form shall serve as an addendum to my approved scope of practice guidelines on file with the Board. It is further understood that I must register with DHEC-Drug Control and have a valid DEA number before prescribing any controlled substances.

Physician Assistant (Signature)

Supervising Physician (Signature)

Physician Assistant (Print Name)

Supervising Physician (Print Name)

Date

Date



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This Document must be signed by the Physician Assistant and Supervising Physician stating they have read and understand the expanded prescribing privilege for Physician Assistants in South Carolina. **A copy must be kept on file at each practice site.** It must be reviewed biennially to ensure proper prescribing procedures are followed. It is not necessary to send this form back to the Medical Board.

TO: All South Carolina Licensed Physician Assistants and Supervising Physicians

RE: Management of Expanded Prescriptive Authority for Physician Assistants in South Carolina

The following information was developed to help licensed Physician Assistants in South Carolina in their practice of prescribing controlled substances. You must maintain a copy of this document at all practice sites for inspection upon request by the Board of Medical Examiners or its agent. New rules effective March 15, 2006, give Physician Assistants the ability to prescribe controlled substances upon obtaining a DEA number, registering with the South Carolina Department of Health and Environmental Control's Bureau of Drug Control and signing, with their primary supervising physician, the following document approved by the Board. Spaces are provided at the end of this document for your convenience in fulfilling that responsibility.

Management of Controlled Substances Prescriptive Authority for Physician Assistants in South Carolina

The South Carolina Board of Medical Examiners is charged by law to regulate properly the practice of medicine and surgery for the benefit and protection of the people of the State. Many prescribers are asked to appear before the Board because of a lack of information about the management and responsibilities involved in prescribing controlled substances. The typical inadvertent offender is likely to be a prescriber with a sincere attitude and a desire to relieve pain and misery, but who is also pressed for time and prescribes controlled drugs at patient demand over prolonged periods without adequate documentation. Problem prescriptions are often for chronic ailments such as headache, arthritis, vague old injuries, chronic orthopedic problems, backache or anxiety. (Terminal cancer pain management is not a consideration here.)

It is not what you prescribe; rather it is how well you manage the patient's care and document the treatment in legible form. Prescribing matters which come before the Board are almost always related to controlled substances. A majority of instances where licensees have been disciplined by the Board for prescribing practices could have been avoided completely if the steps outlined here were followed.

The Board does not have a list of "bad" or "disallowed" drugs. Any drug approved by your supervising physician may be prescribed and administered when properly indicated and, conversely, may be harmful or even lethal when used inappropriately. There is no magic formula for determining the dosage and duration of administration for any drug. Prescribing must be determined within the confines of the individual case and continued under proper monitoring. What is good for one patient may be insufficient or fatal for another. The Board expects licensees to create a record that shows:

- Proper indication and route for the use of drug or other therapy;
- The dosage and volume prescribed (including any refills);
- Monitoring of the patient when necessary or appropriate;
- The patient's response to therapy on follow-up visits;
- Rationale for continuing or modifying the therapy.

STEP ONE - Document an Adequate Examination: First and foremost, before you prescribe anything, start with a diagnosis which is supported by the history and physical findings of the patient being treated and by the results of any appropriate tests. Too many times a licensee must be asked why a particular drug was prescribed. An example of a typical response is, "Because the patient has arthritis." The licensee is asked, "How was that diagnosis reached?" and may answer, "Because that's what the patient complained of." In this example nothing in the record or in the licensee's recollection supports the diagnosis except the patient's assertion. **Do a workup sufficient to support your diagnosis,** including all the necessary studies and/or references to appropriately support the patient's diagnosis.

STEP TWO - Establish a Treatment Plan: Create a treatment plan, which includes the use of non-addictive modalities, if appropriate. Make referrals where appropriate and when included as a part of your written instruction. If referrals are made, the findings of the consultant should be included in the patient's chart.

STEP THREE - Try Conservative Modalities: Before beginning a regimen of addictive or dependence-producing drugs, make a determination through trial or a documented history of a trial that non-addictive modalities are not effective. A finding of intolerance or allergy to non-steroidal anti-inflammatory drugs is one thing, but the assertion of the patient that, "nothing seems to work like that Percodan stuff," is quite another. Many of the practitioners the Board has seen have started a treatment program with powerful controlled substances and did not consider other options or forms of treatment. This may be appropriate in acute settings.

STEP FOUR - Watch out for Drug Seekers: Be wary of the patient who, without adequate clinical symptoms, requests narcotic pain relief. Be alert also to the patient who lists multiple narcotic pain medications to which the requester has allegedly developed allergies and then names another which is well-tolerated. If you know the patient, review the prescription records in the patient's chart and discuss whether the patient has a history of chemical dependency before prescribing a controlled drug. If the patient is new or otherwise unknown to you, at a minimum, obtain a verbal drug history, and discuss narcotic or chemical use and family chemical abuse history with the patient. Checking with pharmacies and pharmacy chains may tell you whether a patient is obtaining extra drugs or is prescription shopping.

STEP FIVE - Patient Education: As with any treatment, educate the patient before using a drug that has the potential to cause dependency problems. Take the time to explain the relative risks and benefits of the drug.

STEP SIX - Know the Patient's Environment: The family is a good source of information on behavioral changes, especially dysfunctional behavior. Dysfunctional changes may be observable when the patient is taking the drug, or when the drug is withdrawn. These changes, at either time, may be symptoms of dependency or addiction. The family is also a good source of information on whether the patient is obtaining drugs from other sources or is self-medicating with other drugs or alcohol.

STEP SEVEN - Monitor the Patient: Maintain regular contact with the patient, including physical monitors. If the regimen is for prolonged narcotic use, a referral for a second opinion may be helpful. It is very important to monitor the patient for the status of the underlying disease, which necessitated the drug and for the potential side effects of the drug itself. This is true no matter what type of controlled substance is used or on what schedule it is listed. With certain conditions and certain drugs, a drug holiday may be appropriate. This could allow you to check the original symptoms during a time when the drug is not given, indicating continuing need for the drug or signaling that the duration of therapy has met its goal and that the medication may be discontinued.

STEP EIGHT - Control the Supply: Make sure you are in control of the supply of the drug. To do this, you must keep detailed records of the type, dose and amount of the drug prescribed. Some practitioners issue only written prescriptions and use multiple copy scripts or photocopies. You must also monitor, record and personally control refills. Do not authorize your office personnel to refill prescriptions. One good way to accomplish this is to require the patient to return to obtain refill authorization. Records of cumulative authorized dosing and average daily dosage can be valuable.

STEP NINE - Maintain Detailed Patient Records: It cannot be emphasized enough that one of the most frequent problems faced by a practitioner when the licensee comes before the Board or other outside review bodies is inadequate records. It is entirely possible that the practitioner did everything correctly in managing a case. Your medical records should be legible and understandable so that any outside reviewer can understand the process which you have followed to manage each patient.

Physician Assistant (Signature)

Supervising Physician (Signature)

Physician Assistant (Print Name)

Supervising Physician (Print Name)

Date

Date

Biennial Review Record

The Physician Assistant and Supervising Physician reviewed the preceding document on the following dates:

Date	Physician Assistant Signature	Supervising Physician Signature
Date	Physician Assistant Signature	Supervising Physician Signature
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