Instruction Cover Sheet for Physician Assistants Initial Employment Scope of Practice Application Form for First Time South Carolina Employment

Please include the following application forms for application approval. Please complete application in its entirety.

Notification of Initial Employment application to include the following forms – if primary supervisor supervises more than three (3) Physician Assistants he/she should include a statement along with the application indicating he/she will not supervise or have more than three (3) Physician Assistants work together at any given time.

Adding Alternate Physicians Form for Physician Assistants, page 2 or 2 – complete this application if you will have alternate physicians assigned to supervise the Physician Assistant. All alternates must have the same specialty as the primary supervising physician. The alternate physician may not begin serving as an alternate supervisor until he/she has been approved by the Board. The physician must hold a permanent, unrestricted South Carolina license.

Scope Cover Sheet – complete and return along with application.

Supervision Statement – read, and initial at the bottom of the form.

Include Tasks All South Carolina-Licensed Physician Assistants are qualified to perform with an approved scope of practice and supervising physician
http://www.llronline.com/Pol/Medical/Pdf/PAScopeApproval/TasksAllSCPAsPerform.pdf

Include board-approved Scope of Practice

Application for Prescriptive Authority (Non-Controlled Substance Only) – complete and return along with application. If you have paid one-time $40 application fee. You are not required to pay this fee again.

Controlled Substance Prescriptive Authority form – if you are required to write schedule 2-5 controlled substance(s), complete and return along with application. Prior to approval for schedule 2-5 controlled substance prescriptive authority, you must provide documentation of at least fifteen (15) contact hours of controlled substance education acceptable to the Board. If you will NOT request this approval return the application indication you will NOT request schedule 2-5 approval.

To register for the approved course, please contact MUSC Medical University of South Carolina to register for online course titled “Appropriate Prescribing of Controlled Substances” through the Medical University of South Carolina (MUSC). The 15-hour course offered by MUSC is not exclusively required. You make 15 contact hours of education in controlled substances prescribing from an accredited provider. Category 1 is preferable.
Notification of Initial Employment

Scope of Practice Guidelines: The guidelines must be practice specific and clearly specify in detail those tasks for which approval is being sought. Board approved scope of practices may be found at: http://www.llronline.com/POL/Medical/index.asp?file=PAScopeApproval.HTM

Attach with this form the following (These forms are found on the above listed website):
- Cover Sheet for Scope of Practice
- Supervision Statement initialed by PA
- Copy of applicable scope of practice

PHYSICIAN ASSISTANT:
Last Name: _____________________ Suffix: _________ First: ____________ Middle: ________________

PRIMARY PHYSICIAN INFORMATION:
Title: [ ] M.D. [ ] D.O. SC License Number: ____________________________
Last Name: __________________ Suffix: ______ First: ___________ Middle: ________________
Business Name: ______________________ Phone: __________________
Business Address: ___________________ City: ___________ State: ____ Zip: ______
Fax: _______________________________ Email Address: ________________________________

SPECIALTY INFORMATION:
List any certification by ABMS/AOA approved specialty board(s): ______________________________

LOCATION INFORMATION:
List name and location of any hospital or other offices (other than your own) where you request this Physician assistant to assist you:
Hospital/Office Location:

______________ ______________________

SCOPE OF PRACTICE:
A physician assistant practicing at all sites shall practice pursuant to written scope of practice guidelines signed by all supervisory physicians and the physician assistant. Copies of the guidelines must be on file at all practice sites. The guidelines shall include at a minimum the:

a) name, license number, and practice addresses of all supervising physicians;
b) name and practice address of the physician assistant;
c) date the guidelines were developed and dates they were reviewed and amended;
d) medical conditions for which therapies may be initiated, continued, or modified;
e) treatments that may be initiated, continued and modified;
f) drug therapy, if any, that may be prescribed within the usual scope of the supervising physician’s practice; and
g) situations that require direct evaluation by or immediate referral to the physician, including Schedule II controlled substance prescription authorization as provided for in Section 40-47-965.
Please note:

Section 40-47-955(D)(E): A supervising physician may not supervise more than three (3) full-time equivalent physician assistants.

The supervising physician has the option to remove an existing physician assistant or submit a letter to the Board indicating that no more than three (3) full-time equivalent physician assistants will work together at any given time.

If the primary supervising physician leaves the practice, the PA must stop working until he/she has written approval from the Board for another physician to serve as his/her supervising physician. An alternate supervising physician may not assume this role without approval from the Board.

CERTIFYING STATEMENT

I hereby certify that the foregoing is correct and true, and I assume responsibility for supervising all tasks performed by my physician assistant under my supervision. It is my responsibility to inform all approved alternate supervising physicians of the responsibilities of supervising my physician assistant.

Primary Supervising Physician Signature   S.C. License No.       Printed Name       Date

Alternate Supervising Physician Signature   S.C. License No.       Printed Name       Date

Alternate Supervising Physician Signature   S.C. License No.       Printed Name       Date

Alternate Supervising Physician Signature   S.C. License No.       Printed Name       Date

Alternate Supervising Physician Signature   S.C. License No.       Printed Name       Date

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Alternate Supervising Physician Signature   S.C. License No.       Printed Name       Date

Alternate Supervising Physician Signature   S.C. License No.       Printed Name       Date

(Attach an additional sheet, if needed.)
For scope of practice approval, please submit the following:
- Scope Cover Sheet;
- Supervision Statement initialed by the PA; and
- the applicable scope of practice.

You do not have to include in your specific scope any tasks listed on the *Tasks All SC-Licensed PAs May Perform* document. If you choose to select the standard board-approved scope without additions or modifications, your scope can be approved administratively without board review.

**SCOPE OF PRACTICE TYPE:**

| Date Submitted: __________________ |

Please select all that apply:

| Standard Board-approved Scope with no modifications | Please see changes as noted on form | Telemedicine |

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<th>Name</th>
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<td>Physician Assistant:</td>
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<td>Supervising Physician:</td>
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<td>Practice Site Address:</td>
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<td>Phone:</td>
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<td>Additional practice sites [if any]:</td>
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______________  
Physician Assistant Signature  Supervising Physician Signature

______________  
Alternate Supervising Physician

**PA Committee Use Only:**

Reviewed by: __________________  Date: __________________

_______ APPROVED  ______ APPROVED[AS AMENDED]  ______ NOT APPROVED
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. Jeffrey A. Welsh  
President, S.C. Board of Medical Examiners

Physician Assistant initial ___
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
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.
### Biennial Review Record

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

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