



South Carolina
Department of Labor, Licensing and Regulation



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Board of Medical Examiners

Nikki R. Haley
Governor

Holly G. Pisarik
Director

APPLICATION FOR PRESCRIPTIVE AUTHORITY

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's 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.

The Medication formulary shall consist of those medications appropriate to the treatment of patients in this practice setting including prescribing medical devices. If the Physician Assistant wishes to prescribe Schedule II-V drugs, an application for a Controlled Substance Registration must be obtained from DHEC-Division of Narcotic and Drug Control at (803) 896-0634.

Supervising Physician Signature

Date

Physician Assistant Signature

Date

Please Check One

<input type="checkbox"/> Initial Prescriptive Authority fee - \$40 <input type="checkbox"/> Change/additional Sup. Phy - NO FEE
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