



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Medical Examiners**  
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 P.O. Box 11289 • Columbia • SC • 29211  
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 llr.sc.gov/med

**SCOPE OF PRACTICE GUIDELINES ADDENDUM FORM**

Primary Supervising Physician Name: (Print) \_\_\_\_\_ License No.: \_\_\_\_\_

Primary Supervising Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Assistant Name: (Print) \_\_\_\_\_ License No.: \_\_\_\_\_

Physician Assistant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I. Level of Prescriptive Authority Authorized by Primary Supervising Physician**

- None     Non-Controlled Substance Only     Controlled Substances  
 (  Schedule 2     Schedule 3-5 )

[If you are seeking Controlled Substance Prescriptive Authority, please apply directly to DHEC]

S.C. Department of Health and Environmental Control, Bureau of Drug Control, P.O. Box 100103, Columbia, SC 29202-3103. [803-896-0634]. You must also complete the DHEC and DEA Controlled Substances Registration application located at [www.scdhec.gov/scripts](http://www.scdhec.gov/scripts) under New Registrations prior to prescribing controlled substances. Include this form with your application.

**YOU MAY NOT PRESCRIBE CONTROLLED SUBSTANCES VIA TELEMEDICINE UNLESS SPECIFICALLY AUTHORIZED BY THE BOARD. A BOARD APPEARANCE IS REQUIRED PRIOR TO PRESCRIBING CONTROLLED SUBSTANCES VIA TELEMEDICINE.**

**II. Medical Acts Authorized by Primary Supervising Physician**

Provide non-controlled prescription drugs at an entity that provides free medical care for indigent patients.  Yes     No

Certify that a student is unable to attend school but may benefit from receiving instruction given in his home or hospital.  Yes     No

Refer a patient to physical therapy for treatment.  Yes     No

Pronounce death, certify the manner and cause of death, and sign death certificates pursuant to the provisions of Chapter 63, Title 44 and Chapter 8, Title 32.  Yes     No

Issue an order for a patient to receive appropriate services from a licensed hospice as defined in S.C Code Chapter 71, Title 44.  Yes     No

Certify that an individual is handicapped and declare that the handicap is temporary or permanent for the purposes of the individual's application for a placard.  Yes     No

Execute a Do Not Resuscitate Order [DNR] pursuant to the provisions of Chapter 78, Title 44.  Yes     No

Execute physician orders for Scope of Treatment (POST) forms if specifically authorized to do so in their scope of practice guidelines.  Yes     No

**III. Delegation of Tasks to Unlicensed Assistive Personnel Authorized by Primary Supervising Physician**

- Meeting patient needs for personal hygiene
- Meeting patient needs relating to nutrition
- Meeting patient needs relating to ambulation
- Meeting patient needs relating to elimination
- Taking vital signs
- Maintaining asepsis
- Observing, recording, and reporting any of the above tasks  Yes  No

**IV. Authorization to Sign Documents**

Sign specified documents on behalf of their supervising physician or alternate supervising physicians if authorized to do so in their scope of practice guidelines. Please indicate below which forms the PA may complete on behalf of the supervising or alternate physician:  Yes  No

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**V. Off-Site Practice Waiver**

Supervising Physician waives the 60-day requirement, or portion thereof for off-site practice.  Yes  No  
Number of days if less than 60 days: \_\_\_\_\_  Not Applicable

*Note: A PA who has less than two years continuous practice or who is changing specialties may not practice at a location off site from the supervising physician until the PA has sixty days clinical experience on-site with the supervising physician. The supervising physician or alternate must review, initial, and date the offsite physician assistant's charts periodically as specified in the written scope of practice guidelines to ensure quality of care and patient safety.*

**VI. Chart Review for Off-Site Practice**

Percentage of charts the Supervising Physician will review: \_\_\_\_\_ %  Not Applicable

*Note: The supervising physician must review, initial, and date the off-site PA's charts as specified in the scope of practice guidelines by the supervising physician to ensure quality of care and patient safety. The specific requirement for monthly review of at least 10% of the off-site PA's charts is eliminated.*

**VII. Telemedicine**

Do you intend to practice telemedicine under this scope of practice?  Yes  No

Supervising Physician Initial: \_\_\_\_\_

Physician Assistant Initial: \_\_\_\_\_