

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.llr.sc.gov/POL/Medical/



Instructions Cover Sheet for Adding Alternate Physicians Form for Physician Assistants application

- Please complete application in its entirety. If an Alternate Physician omits to provide a signature he/she will <u>not</u> be approved.
- All alternate physicians <u>must</u> have the same board specialty as the primary supervising physician to supervise a Physician Assistant.
- □ The alternate physician <u>may not</u> 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.
- If the primary supervising physician leaves the practice, the Physician Assistant (PA) must stop working until he/she has written approval (Change/Additional Primary Supervisor Form for Physician Assistants application) from the Board for another physician to serve as his/her supervising physician. An alternate supervising physician <u>may not</u> assume this role without approval from the Board.
- If primary or alternate primary supervisors are listed that require termination, complete Primary Supervisor Termination Notification application from Licensure Application and Forms for Physician Assistants, or contact the board providing Physician Assistant name and license number, primary supervising physician name and license number, and the name of the alternate supervisor(s) for the board to process your request.





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Adding Alternate Physicians Form for Physician Assistants

Physician Assistant Name	Signature	License Number	Date
Primary Supervising Physician Name	Signature	License Number	Date
Practice Name and Address:			

Please add the following physicians as alternate supervising physicians for the Physician Assistant listed above. If adding more than ten alternate supervising physicians, please duplicate this form as needed. <u>COMPLETE THIS FORM IN ITS</u> <u>ENTIRETY OR IT WILL BE RETURNED TO YOU.</u>

Alternate Physician's Name	License #	Signature	Date Signed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please keep a copy for your records and provide a copy to your supervising and alternate supervising physicians.