South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Medical Examiners
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SCOPE OF PRACTICE GUIDELINES ADDENDUM FORM

Primary Supervising Physician Name: (Print) _____ License Number: _____

Primary Supervising Physician Signature: _____ Date: _____

Physician Assistant Name: (Print) _____ License Number: _____

Physician Assistant Signature: _____ Date: _____

This form consists of three (3) pages, please complete ALL information on ALL three (3) pages.

I. Level of Prescriptive Authority Authorized by Primary Supervising Physician

☐ None ☐ Non-Controlled Substance Only ☐ Controlled Substances

[If you are seeking Controlled Substance Prescriptive Authority, please apply directly to the South Carolina. Department of Public Health (DPH) Bureau of Drug Control, P.O. Box 2046, West Columbia, SC 29171. 803-896-0636]. You must also complete the DPH and DEA Controlled Substances Registration application found here under New Registrations prior to prescribing controlled substances. Include this form with your application.

YOU MAY NOT PRESCRIBE SCHEDULE II/III NARCOTIC SUBSTANCES VIA TELEMEDICINE UNLESS YOU MEET THE REQUIREMENTS OF S.C. CODE SECTION 40-47-34(C)(7).

II. Medical Acts Authorized by Primary Supervising Physician

1. Provide non-controlled prescription drugs at an entity that provides free medical care for indigent patients. ☐ Yes ☐ No
2. Certify that a student is unable to attend school but may benefit from receiving instruction given in his home or hospital. ☐ Yes ☐ No
3. Refer a patient to physical therapy for treatment. ☐ Yes ☐ No
4. 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
5. 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
6. 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
7. Execute a Do Not Resuscitate Order [DNR] pursuant to the provisions of Chapter 78, Title 44. ☐ Yes ☐ No
8. Execute physician orders for Scope of Treatment (POST) forms if specifically authorized to do so in their scope of practice guidelines. ☐ Yes ☐ No
9. Issue an order for home health services pursuant to the provisions of Chapter 69, Title 44. ☐ 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

1. Sign specified documents on behalf of their supervising physician or alternate supervising physicians, if authorized to do so in their scope of practice guidelines. ☐ Yes ☐ No

   If Yes, you MUST identify below which forms the PA may complete on behalf of the supervising or alternate physician:

_____

_____

V. Off-Site Practice Waiver

1. 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: _____ %

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

VII. Telemedicine

1. Do you intend to practice telemedicine under this scope of practice? ☐ Yes ☐ No
   If yes, then initials are required.

Supervising Physician Initial: _____

Physician Assistant Initial: _____

PA Delegation of Tasks to SCCMA

A physician or physician assistant may delegate specified tasks to a medical assistant who has been certified in accordance with South Carolina law (hereinafter "SCCMA") pursuant to the following requirements:

(1) The task must be delegated directly to the SCCMA by the physician or physician assistant;

(2) The task must be performed when the physician or physician assistant delegating the task is in such close proximity as to be immediately available to the SCCMA if needed;

(3) The physician or physician assistant delegating the task must determine that the task is within the training and competency of the SCCMA and will not pose a significant risk to the patient if improperly performed;

(4) The task must not involve the verbal transmission of an order or prescription to a licensed person if the licensed person requires the order or prescription to be in writing; and

(5) The SCCMA must wear an appropriate badge identifying the SCCMA's status, which must be clearly visible to the patient at all times.

If you do NOT want to allow PA's to delegate task to Medical Assistants, then please check <u>Not Applicable.</u>

<u>Authorized tasks that can be delegated to Certified Medical Assistants with appropriate training</u>

1. Point of Care Testing (ex: strep test, flu swab, urine dip, etc.)	☐ Yes	☐ No	☐ Not Applicable
2. Entering Verbal Orders	☐ Yes	☐ No	☐ Not Applicable
3. Preparation and Administering Vaccines	☐ Yes	☐ No	☐ Not Applicable
4. Administering In-Clinic Medications	☐ Yes	☐ No	☐ Not Applicable
5. Straight Needle Blood Draw	☐ Yes	☐ No	☐ Not Applicable
6. Performing Basic Labs	☐ Yes	☐ No	☐ Not Applicable
7. Performing Screening Tests (ex: EKG, vision, hearing, etc.)	☐ Yes	☐ No	☐ Not Applicable
8. Removing Sutures and Changing Dressings	☐ Yes	☐ No	☐ Not Applicable
9. Performing Non-Clinical Tasks via Telemedicine	☐ Yes	☐ No	☐ Not Applicable
10. Administering Allergy Tests	☐ Yes	☐ No	☐ Not Applicable
11. Entering Prescription Refills	☐ Yes	☐ No	☐ Not Applicable
12. Responding to Patient Phone Calls and Messages	☐ Yes	☐ No	☐ Not Applicable
13. Other: _____	☐ Yes	☐ No	☐ Not Applicable

If yes for "other", you MUST identify the specific skills/duties.