

# Frequently Asked Questions

## Regarding Changes to the Physician Assistant Statutes

### Arizona Regulatory Board of Physician Assistants

### Effective January 1, 2011

Diligent care has been taken to avoid any contradiction between the FAQs and the actual enacted legislation. Any inconsistency or conflict is unintentional. To the extent that there is an appearance of conflict or inconsistency, the actual legislation shall take precedence.

**I already have a Notice of Supervision (NOS) on file with the Board. Do I need to have a new Delegation Agreement on file at my practice?**

*Yes; effective January 1, 2011, each Supervising Physician must have a Delegation Agreement on file at the practice, updated annually, and available to the Board upon request.*

**I already have a Notice of Supervision (NOS) on file with the Board. Do I need to submit a Prescribing Authority Form to the Board before January 1, 2011?**

*No; all current NOS's will be maintained on the profile. That information will be considered a Prescribing Authority Form until it is withdrawn or changed. The NOS on file with the Board does not replace the requirement that a Delegation Agreement be maintained at the practice.*

**Since there is no longer a requirement that the Board approves a Notice of Supervision, (NOS), can a PA provide healthcare more independently than before the law changed?**

*No; a PA's ability to perform healthcare tasks remains the same. The PA still must establish and maintain a relationship with a Supervising Physician. The PA and the SP must enter into a Delegation Agreement.*

**When will the new, higher license renewal fee go into effect for PAs?**

*Because of the renewal schedule, the next renewal fee period, beginning June 1, 2011, will see an increase in the renewal fee for PAs from \$100.00 to \$185.00. Beginning January 1, 2011, there will no longer be a Notice of Supervision or the associated fees of \$125.00 per NOS or \$50.00 for the transfer of an NOS.*

**Do I need to submit a Prescribing Authority Form to the Board if I only prescribe non-controlled substances under my Delegation Agreement with my Supervising Physician(s)?**

*Yes; if the Physician Assistant has been given prescribing authority for any prescription medications by their Supervising Physician, whether the PA prescribes controlled substances or not, the Board must receive a Prescribing Authority Form. However, previously filed NOS will serve as a prescribing authority unless and until the PA's prescribing authority is withdrawn or changed. ([See sample below](#))*

**If I am employed between now and when the new legislation goes into effect, must I submit a Notice of Supervision and pay the fee to the Board?**

*Yes, until the effective date it will be required that there be a Notice of Supervision on file at and approved by the Board. The fee for NOS will remain at \$125.00, and the fee for transferring a Supervising Physician will remain at \$50.00. These fees will not apply after December 31, 2010.*

### **Can a PA sign a death certificate?**

*Yes, the new statute clarifies that if delegated by the Supervising Physician, a PA may sign a death certificate.*

### **Can physicians who were previously agents of a PA continue to provide supervision?**

*Yes. Although the category of Supervising Physician agent has been abolished, a physician who had been an agent may become a Supervising Physician by entering into a delegation agreement with the PA he/she supervises and submitting a prescribing authority form to the Board.*

### **What is required if a PA and an SP terminate their Delegation Agreement?**

*It is the physician's responsibility to make sure that all Delegation Agreements are current and available at the practice location. However: it is important that any changes in Prescribing Authority be submitted to the Board. ([See sample below](#))*

### **Does the Board provide a Sample Delegation Agreement?**

*No, the Board requires that each Delegation Agreement meet the requirements in the statute.*

### **What must be included in a Delegation Agreement?**

*The agreement must include:*

- *A statement that the physician will exercise supervision over the PA and retain professional and legal responsibility for the care rendered by the PA;*
- *Signatures of the Supervising Physician and the PA;*
- *An annual update;*

*In addition, the physician and PA team must ensure that:*

- *The PA's scope of practice is identified;*
- *The delegation of medical tasks is appropriate to the PA's level of competence;*
- *The relationship of, and access to, the Supervising Physician is defined; and*
- *A process for evaluation of the PA's performance is established.*

### **Do I need to submit to the board a list of all addresses I practice at as a PA?**

*No, you are only required to provide one primary practice location. This address will be on your profile on the website. Please use the change of address form to update any change in practice, mailing or home address. [Change of Address Form](#)*

### **If the PA works at a different site than the Supervising Physician, how often must they meet?**

*The PA must meet in person or by telecommunication with a Supervising Physician at least once each week to ensure ongoing direction and oversight of the physician assistant's work. Also, the patient records must be made available to the Supervising Physician.*

### **Can a Supervising Physician have delegation agreements with more than four PA's as long as they are not supervised at the same time?**

*Yes, there is no limit to the number of PA's with whom a physician has a delegation agreement. However, the physician may only engage in supervising four PA's at one time, regardless of where they are geographically located.*

Link to A.R.S. 32-2501 Definitions

<http://www.azleg.gov/FormatDocument.asp?inDoc=/ars/32/02501.01.htm&Title=32&DocType=ARS>

A.R.S. 32-2531 PA Scope of Practice; health care tasks

<http://www.azleg.gov/FormatDocument.asp?inDoc=/ars/32/02531.01.htm&Title=32&DocType=ARS>

A.R.S. 32-2533 Supervising Physician responsibilities

<http://www.azleg.gov/FormatDocument.asp?inDoc=/ars/32/02533.01.htm&Title=32&DocType=ARS>

**Arizona Regulatory Board of Physician Assistants  
SUPERVISING PHYSICIAN PRESCRIBING AUTHORITY FORM**

*(Please Type in Spaces Provided - Form can be faxed or mailed to the Board)*

SP First Name:  Initial:  Last Name:

SP License Number:

PA First Name:  Initial:  Last Name:

PA License Number:

I delegate the following prescribing authorities to the PA: *(check all that apply)*

	Prescribe	
Schedule II controlled substances	<input type="checkbox"/> 14 Days *	<input type="checkbox"/> 72 hours
Schedule III controlled substances	<input type="checkbox"/> 14 Days *	<input type="checkbox"/> 72 hours
Schedule IV controlled substances	<input type="checkbox"/>	
Schedule V controlled substances	<input type="checkbox"/>	
Non-controlled substances <i>(prescription only drugs)</i>	<input type="checkbox"/>	

\* The following applies to 14 day prescribing only

Per A.R.S § 32-2504 (a) (12): I certify that within the preceding 12 months of this application, PA listed above is currently certified by the National Commission on the Certification of Physician Assistants (NCCPA), (Verified by Board); or Has completed 45 hours of Pharmacology (copy attached) or Has completed 45 hours of clinical management of drug therapy (copy attached).

**Recordation and Review:** As a supervising physician, I have a system for recordation and review of all 14 day schedule II and III controlled substance prescriptions. I agree to record & review all 14 day schedule II & III controlled substance prescriptions by retaining a duplicate prescription in the medical record/patient file OR make a notation in the patient's medical record OR make a notation in a notebook, log or computer database.

I agree to review at least every 90 days the PA's prescribing of 14-day schedule II and schedule III controlled substances:

Supervising Physician Signature:  Date:

\*\*Check PA Profile to verify Authority above has been posted prior to prescribing.

**(If your prescribing authority of this PA ends, please check the box below and return to the board by fax or mail)**

I withdraw the above prescribing authority as I no longer supervise this physician assistant.

Supervising Physician Signature:  Date: