

MARYLAND BOARD OF PHYSICIANS
P.O. BOX 2571
BALTIMORE, MD 21215
www.mpb.state.md.us
410-764-4775

**PHYSICIAN ASSISTANT ALTERNATE SUPERVISING PHYSICIAN
DESIGNATION INFORMATION**

A PHYSICIAN MAY SUPERVISE AS AN ALTERNATE SUPERVISING PHYSICIAN IF:

1. The alternating supervising physician supervises in accordance with a delegation agreement approved by the Board;
2. The alternate supervising physician supervises **NO MORE** than four physician assistants at any one time, except in a hospital, correctional facility, detention center, or public health facility;
3. The period of supervision, in the absence of the primary supervising physician, **DOES NOT** exceed the lesser of:
 - a. The period of time specified in the delegation agreement; or
 - b. A period of 45 consecutive days at any one time; and
4. The physician assistant performs **ONLY** those medical acts that;
 - a. Have been delegated under the delegation agreement filed with the Board; and
 - b. Are within the scope of practice of the primary supervising physician or the alternate supervising physician.

Hospitals, Correctional Facilities, Detention Centers, or Public Health facilities

The primary supervising physician may designate alternate supervising physicians by:

1. Keeping an ongoing list of all approved alternate supervising physicians on file at all practice sites;
2. Including each alternate supervising physician's scope of practice; and
3. Having each alternate supervising physician sign and date the list.
4. Providing the list on request in writing, during business hours, to representatives of the Board or the Office of Health Care Quality.

The list must be kept up-to-date with additions and terminations of alternate supervising physicians.

In All Other Practice Settings

A primary supervising physician may designate an alternate supervising physician by completing the attached page.

In the event of a sudden departure, incapacity, or death of a primary supervising physician, a designated alternate supervising physician may assume the role of the primary supervising physician by submitting a new delegation agreement to the Board within 15 days.

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DESIGNATED ALTERNATE SUPERVISING PHYSICIAN INFORMATION FOR PHYSICIAN ASSISTANTS

Instructions: Designated alternate supervising physicians, primary supervising physicians and physician assistants complete the information below and send the form to the above address.

1. ALTERNATE SUPERVISING PHYSICIAN INFORMATION:

Name of Alternate Supervising Physician:	Maryland License #:
Work #:	Cell #:
Pager #:	Email Address:

2. PHYSICIAN ASSISTANT AND PRIMARY SUPERVISING PHYSICIAN INFORMATION:

Name of Physician Assistant:	Name of Primary Supervising Physician:
Signature of Physician Assistant:	Signature of Primary Supervising Physician:

3. ALTERNATE SUPERVISING PHYSICIAN SCOPE OF PRACTICE: Please describe your scope of practice.

4. ALTERNATE SUPERVISING PHYSICIAN PLEASE ANSWER "YES" OR "NO"

Have you ever been subject to public disciplinary action in any jurisdiction by any licensing or disciplinary board or an entity of the armed services?

Yes No

If you answered "YES," provide a detailed explanation and supporting documentation on a separate sheet of paper. Be sure to sign and date all documentation. (Failure to provide an explanation or supporting documentation will delay the processing of this application.)

5. AFFIRMATION

I accept the responsibility of supervising the listed physician assistant in the absence of the listed primary supervising physician. I solemnly affirm under penalties of perjury, that the contents of the foregoing document are true to the best of my knowledge, information and belief.

 Alternate Supervising Physician (Print)

 Date

 Alternate Supervising Physician (Signature)