

**DELEGATION OF SERVICES AGREEMENT BETWEEN SUPERVISING PHYSICIAN
AND PHYSICIAN ASSISTANT (Title 16, CCR, Section 1399.540)**

PHYSICIAN ASSISTANT SAMPLE, PA-C

Physician assistant, graduated from the University of California Davis Physician assistant training program on 2002.

The Physician assistant took (or is to take) the licensing examination for physician assistants recognized by the State of California (e.g., Physician Assistant National Certifying Examination or a specialty examination given by the State of California) on 2002.

The Physician Assistant was first granted licensure by the Physician Assistant Committee on 2002, which expires on _____, unless renewed.

SUPERVISION REQUIRED. The physician assistant named above (hereinafter referred to as PA) will be supervised in accordance with the written supervisor guidelines required by Section 3502 of the Business and Professions Code and Section 1399.545 of the Physician Assistant Regulations. The written supervisor guidelines are incorporated with the attached document entitled, "Supervising Physician's Responsibility for Supervision of Physician Assistants."

AUTHORIZED SERVICES. The PA is authorized by the physician whose name and signature appear below to perform all the tasks set forth in subsections (a), (d), (e), (f), and (g) of Section 1399.541 of the Physician Assistant Regulations, when acting under the supervision of the herein named physician. (In lieu of listing specific lab procedures, etc. the PA and supervising physician may state as follows: "Those procedures specified in the practice protocols or which the supervising physician specifically authorizes.")

The PA is authorized to perform the following laboratory and screening procedures:

physical examination and related screening exams for surgical clearance

The PA is authorized to assist in the performance of the following laboratory and screening procedures:

The PA is authorized to perform the following therapeutic procedures:

removal of surgical drains, simple suturing, wound repair and debridement,
accessing ventriculoperitoneal shunts, reprogramming shunts

The PA is authorized to assist in the performance of the following therapeutic procedures:

assist with neurosurgical cases

The PA is authorized to function as my agent per bylaws and/or rules and regulations of (name of hospital):

University of California Davis

a) The PA is authorized to write and sign drug orders for Schedule: II, III, IV, V without advance approval (circle authorized Schedule(s)). The PA has taken and passed the drug course approved by the PAC on _____ (attach certificate).

DEA #: _____.

or

b) The PA is authorized to write and sign drug orders for Schedule: II, III, IV, V with advance patient specific approval (circle authorized Schedule(s)). DEA #: _____.

CONSULTATION REQUIREMENTS. The Physician Assistant is required to always and immediately seek consultation on the following types of patients and situations (e.g., patient's failure to respond to therapy; physician assistant's uncertainty of diagnosis; patient's desire to see physician; any conditions which the physician assistant feels exceeds their ability to manage, etc.)

~~Decline in neurological exam, progression of disease despite treatment, failure to respond to the treatment plan.~~
(List Types of Patients and Situations)

MEDICAL DEVICES AND PHYSICIAN'S PRESCRIPTIONS. The Physician Assistant may transmit by telephone to a pharmacist, and orally or in writing on a patient's medical record or a written prescription drug order, the supervising physician's prescription in accordance with Section 3502.1 of the Business and Professions Code.

The supervising physician authorizes the delegation and use of the drug order form under the established practice protocols and drug formulary. YES NO

The PA may also enter a drug order on the medical record of a patient at University of California Davis Health System
(Name of Institution)
in accordance with the Physician Assistant Regulations and other applicable laws and regulations.

Any medication handed to a patient by the PA shall be authorized by the supervising physician's prescription and be prepackaged and labeled in accordance with Sections 4076 of the Business and Professions Code.

PRACTICE SITE. All approved tasks may be performed for care of patients in this office or clinic located at ~~Spine Center and Ambulatory Care Center~~ and, in University of California Davis hospital(s) and
(Address/City) (Address/City)
not applicable skilled nursing facility (facilities) for care of
(Name of Facility)
patients admitted to those institutions by physician(s) Department of Neurological Surgery physicians
(Name/s)

EMERGENCY TRANSPORT AND BACKUP. In a medical emergency, telephone the 911 operator to summon an ambulance.

The University of California Davis emergency room at 734-2011
(Name of Hospital) (Phone Number)

is to be notified that a patient with an emergency problem is being transported to them for immediate admission. Give the name of the admitting physician. Tell the ambulance crew where to take the patient and brief them on known and suspected health condition of the patient.

Notify _____ at (pager) immediately
(Name of Physician) (Phone Number/s)
(or within _____ minutes).

PHYSICIAN ASSISTANT DECLARATION

My signature below signifies that I fully understand the foregoing Delegation of Services Agreement, having received a copy of it for my possession and guidance, and agree to comply with its terms without reservations.

_____/_____
Date Physician's Signature (Required) & Physician's Printed Name

_____/_____
Date Physician Assistant's Signature (Required) & Physician Assistant's Printed Name