NOTIFICATION TO NEVADA STATE BOARD OF MEDICAL EXAMINERS OF SUPERVISION OF PHYSICIAN ASSISTANT

STATE OF NEVADA)
) ss. **NOTE: NO FEE REQUIRED**
COUNTY OF)

***COMES NOW*_____ M.D., being first duly sworn who deposes and says that:** I, the undersigned **physician**, am duly licensed to practice medicine in the state of Nevada by the Nevada State Board of Medical Examiners (Board), possess an active license to practice medicine in the state of Nevada, license number_____, and am in good standing with the Board. I am engaged in the practice of medicine in the state of Nevada, am current on all my required CME and am not aware of any disciplinary action, formal or informal; pending against me by the Board or any other jurisdiction's medical licensing entity. **I have checked with the Board and determined that the physician assistant I am going to supervise has never been formally disciplined by the Nevada State Board of Medical Examiners.**

I have read and am aware of the provisions of Chapter 630 of the Nevada Revised Statutes concerning the duties of a supervising physician, as well as Chapter 630 of the Nevada Administrative Code which are the regulations adopted by the Board concerning a physician's relationship with a physician assistant and/or advanced practitioner of nursing. I have read and am aware of the regulation of the Nevada State Board of Medical Examiners under Chapter 630 of the Nevada Administrative Code that precludes a physician from simultaneously supervising more than three physician assistants or collaborating with more than three advanced practitioners of nursing, or with a combination of more than three physician assistants and advanced practitioners of nursing, without first filing a petition with the Board for approval to supervise more, and the requirement that I prove to the satisfaction of the Board that the circumstances of my practice necessitate more and that I will be able to supervise/collaborate with the greater number in a satisfactory manner.

I hereby certify that this relationship does not violate the limitation cited above concerning the total number of physician assistants or advanced practitioners of nursing with whom I may simultaneously supervise or collaborate. **Further, this relationship will not begin until I am in receipt of a file stamped copy of this Notification bearing the receipt stamp of the Board thereon.** Upon receipt of same, I will be supervising the following named physician assistant at the following practice location(s):

_____

_____ _____
Name of Physician Assistant

_____
Practice Location(s) AND Telephone No. (use extra page if necessary)

I am aware that the **original** copy of this Notification will be placed in my licensing file at the offices of the Board, and that I must immediately notify the board, in writing, of the termination of this relationship.

WHEREFORE, I set my hand this _____ day of _____, 20____

_____ _____
Supervising Physician's Name (Print or Type) Supervising Physician's Signature

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***COMES NOW*_____ P.A., being first duly sworn who deposes and says that:** I, the undersigned **physician assistant** have read and am aware of the provisions of Chapter 630 of the Nevada Revised Statutes and the Nevada Administrative Code as those laws apply to physician assistants. I am aware that a copy of this Notification will be placed in my licensing file at the offices of the Board, and, that the provisions of the Nevada Administrative Code require that if this relationship is terminated my failure to immediately notify the Board of the termination or my continuing to practice this portion of my practice until such time as I advise the Board of my new supervising physician, is grounds for disciplinary action against me. In accordance with **NAC 630.360 (4) A physician assistant shall notify the Board in writing within 72 hours after any change relating to his supervising physician.**

WHEREFORE, I set my hand this_____day of _____, 20_____.

_____ _____
Physician Assistant's Name (Print or Type) Physician Assistant's Signature

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The above named_____
Physician's Name (Print)
being first duly sworn, appeared before me on the _____day
of _____, 20____, and **in my presence,**
executed this document consisting of one (1) page.

_____
Notary Public

The above named_____
Physician Assistant's Name (Print)
being first duly sworn, appeared before me on the _____day
_____, 20____, and **in my presence,**
executed this document consisting one (1) page.

_____
Notary Public

Completed original form is to be mailed directly to:
Nevada State Board of Medical Examiners
1105 Terminal Way, Ste 301
Reno, NV 89502-2144

NAC 630.370 Supervising physician: Duties; qualifications. (NRS 630.130, 630.275)

1. The supervising physician is responsible for all the medical activities of his physician assistant. The supervising physician shall ensure that:

(a) The physician assistant is clearly identified to the patients as a physician assistant;

(b) The physician assistant performs only those medical services which have been approved by his supervising physician;

(c) The physician assistant does not represent himself in any manner which would tend to mislead the general public, the patients of the supervising physician or any other health professional; and

(d) There is strict compliance with:

(1) The provisions of the certificate of registration issued to his physician assistant by the State Board of Pharmacy pursuant to NRS 639.1373; and

(2) The regulations of the State Board of Pharmacy regarding controlled substances, poisons, dangerous drugs or devices.

2. Except as otherwise required in subsection 3 or 4, the supervising physician shall review and initial selected charts of the patients of the physician assistant. He shall be available at all times that his physician assistant is providing medical services to consult with his assistant. Those consultations may be indirect, including, without limitation, by telephone.

3. At least once a month, the supervising physician shall spend part of a day at any location where the physician assistant provides medical services to act as a consultant to the physician assistant and to monitor the quality of care provided by the physician assistant.

4. If the supervising physician is unable to supervise the physician assistant as required by this section, he shall designate a qualified substitute physician, who practices medicine in the same specialty as the supervising physician, to supervise the assistant.

5. A physician who supervises a physician assistant shall develop and carry out a program to ensure the quality of care provided by a physician assistant. The program must include, without limitation:

(a) An assessment of the medical competency of the physician assistant;

(b) A review and initialing of selected charts;

(c) An assessment of a representative sample of the referrals or consultations made by the physician assistant with other health professionals as required by the condition of the patient;

(d) Direct observation of the ability of the physician assistant to take a medical history from and perform an examination of patients representative of those cared for by the physician assistant; and

(e) Maintenance by the supervising physician of accurate records and documentation regarding the program for each physician assistant supervised.

6. Except as otherwise provided in subsection 7, a physician may supervise a physician assistant if the physician:

(a) Holds an active license in good standing to practice medicine issued by the Board;

(b) Actually practices medicine in this State; and

(c) Has not been specifically prohibited by the Board from acting as a supervising physician.

7. If the Board pursuant to NAC 630.410 has disciplined a physician assistant, a physician shall not supervise that physician assistant unless the physician has been specifically approved by the Board to act as the supervising physician of that physician assistant.

[Bd. of Medical Exam'rs, § 630.370, eff. 12-20-79]—(NAC A 6-23-86; 11-21-88; 9-12-91; 1-13-94; R149-97, 3-30-98; R108-01, 11-29-2001; R145-03, 12-16-2003)

NAC 630.360 Performance of authorized medical services; identification; misrepresentation; notification of change regarding supervising physician. (NRS 630.130, 630.275)

1. The medical services which a physician assistant is authorized to perform must be:

(a) Commensurate with his education, training, experience and level of competence; and

(b) Within the scope of the practice of his supervising physician.

2. The physician assistant shall wear at all times while on duty a placard, plate or insigne which identifies him as a physician assistant.

3. No physician assistant may represent himself in any manner which would tend to mislead the general public or the patients of the supervising physician.

4. A physician assistant shall notify the Board in writing within 72 hours after any change relating to his supervising physician.

[Bd. of Medical Exam'rs, § 630.360, eff. 12-20-79]—(NAC A 6-23-86; 9-12-91; 1-13-94; R149-97, 3-30-98; R108-01, 11-29-2001)