

**MODIFICATION OF EXISTING DELEGATION AGREEMENT
ADDING PRESCRIPTIVE AUTHORITY**

Instructions: This form is for a primary supervising physician who intends to delegate prescriptive authority to a physician assistant with an approved delegation agreement on file with the Board. Please complete all sections and mail to the address above.

PAs must register with the Maryland Office of Controlled Substances Administration (OCSA) and the Drug Enforcement Administration (DEA) **before** prescribing controlled dangerous substances.

- **OCSA Registration:** <http://dhmh.maryland.gov/ocsa/Pages/home.ASPX> or 410-764-2890
- **DEA Registration:** http://www.deadiversion.usdoj.gov/drugreg/reg_apps/onlineforms_new.htm

I, _____ intend to delegate the following prescriptive authority to
Print Name of Primary Supervising Physician

_____. (Check appropriate boxes)
Print Name of Physician Assistant

- Controlled Dangerous Substances Prescription Drugs Medical Devices

Check either 1a or 1b: I attest that the PA has:

1. a. Passed the NCCPA PANCE or PANRE within the previous 2 years of submitting the delegation agreement. The date of passage was _____. If the passage was more than 2 years, see 1b. below.

OR

- b. Successfully completed 8 Category I hours of pharmacology education within the previous 2 years; **AND**

Check either 2a or 2b: I attest that the PA has at least one of the following:

2. a. A Bachelor's degree or its equivalent (120 credit hours);

OR

- b. Two years of work experience as a physician assistant.

I also attest that:

- All prescribing activities of the physician assistant will comply with all federal and state laws governing the prescribing of medications, including controlled dangerous substances.
- Medical charts or records will contain a notation of any prescriptions written by the physician assistant.
- All prescriptions written by the physician assistant will include the physician assistant's name and the primary supervising physician's name, business address, and business telephone number, legibly written or printed.
- I, as the Primary Supervising Physician, shall notify the Board within 5 business days if the physician assistant's delegation to prescribe has been restricted or revoked.
- I have read and am thoroughly familiar with Health Occupations Article Title 15, Annotated Code of Maryland and Code of Maryland Regulations (COMAR) 10.32.03 which govern physician assistants and the requirements and responsibilities of the primary supervising physician. (http://www.mbp.state.md.us/pages/phys_assi_laws.html)

Print Primary Supervising Physician's Name /License No.

Primary Supervising Physician's **Original** Signature

Date

Print Physician Assistant's Name/License No.

Physician Assistant's **Original** Signature

Date