

# MARYLAND BOARD OF PHYSICIANS

P.O. Box 37217  
Baltimore, MD 21297  
[www.mbp.state.md.us](http://www.mbp.state.md.us)

## PHYSICIAN ASSISTANT/PRIMARY SUPERVISING PHYSICIAN DELEGATION AGREEMENT FOR CORE DUTIES

*All PAs must file a completed delegation agreement with the Board.*

Dear Primary Supervising Physician and Physician Assistant:

- Attached is the delegation agreement for core duties. The fee for the delegation agreement is \$200.00. Please complete the form in its entirety. Submitting illegible or incomplete applications or applications without a fee will delay the process. **PLEASE DO NOT FAX YOUR DELEGATION AGREEMENTS TO THE BOARD. THE BOARD DOES NOT ACCEPT FAXED COPIES OF DELEGATION AGREEMENTS.** (*Please note: FEDEX or UPS may not deliver to post office boxes.*)
- A physician assistant (PA) may begin working after the Board receives the completed delegation agreement and acknowledges receipt of the delegation agreement. Unless otherwise specified, acknowledgements will be sent to the physician assistant and the primary supervising physician by email. The email will be sent once Board staff reviews the delegation for completeness and verifies that the agreement meets all requirements.
- PAs who are delegated the authority to prescribe may dispense a starter dosage or dispense drug samples of any drug the PA is authorized to prescribe to a patient of the PA if: (1) The starter dosage or drug sample complies with the labeling requirements of Health Occupations Article §12-505; (2) No charge is made for the starter dosage; (3) The starter dosage does not exceed a 72 hour supply; (4) The PA enters an appropriate record in the patient's medical record; and (5) The PA complies with the requirements under Title 12 and 14 of Health Occupations and applicable Federal law and regulations.
- The Board's website contains information about PAs, including applications, the statute (Health Occupations Article, §15-101, et seq) and regulations (COMAR 10.32.03).
- Questions about your delegation agreement:
  - ◆ If your last name begins with the letters A-M, contact Shelley Taylor-Barnes, Allied Health Analyst, at 410-764-4765/[shelley.taylor1@maryland.gov](mailto:shelley.taylor1@maryland.gov) or Rhonda Deanes, Allied Health Analyst, at 410-764-4669/[rhonda.deanes@maryland.gov](mailto:rhonda.deanes@maryland.gov).
  - ◆ If your last name begins with the letters N-Z, contact Michelle Harrison, Allied Health Analyst, at 410-764-4757/[michelle.harrison@maryland.gov](mailto:michelle.harrison@maryland.gov) or Cheryl Green, Allied Health Analyst, at 410-764-5983/[cheryla.green@maryland.gov](mailto:cheryla.green@maryland.gov).

Your questions may also be answered by the Board's website at [www.mbp.state.md.us](http://www.mbp.state.md.us).

**Note:** Pursuant to §15-302.1(e), the Board is authorized to disapprove any delegation agreement not meeting the requirements of the law or if the Board believes that a PA is unable to perform the delegated duties safely.

Thank you,

The Allied Health Division  
Physician Assistant Program  
Maryland Board of Physicians

**MARYLAND BOARD OF PHYSICIANS**

P.O. Box 37217  
Baltimore, MD 21297  
[www.mpb.state.md.us](http://www.mpb.state.md.us)

**INSTRUCTIONS AND IMPORTANT INFORMATION FOR COMPLETING THE PHYSICIAN ASSISTANT/PRIMARY SUPERVISING PHYSICIAN CORE DUTY DELEGATION AGREEMENT**

**SEND THIS DELEGATION AGREEMENT TO THE BOARD ONLY IF YOU HAVE BEEN ISSUED A LICENSE OR HAVE AN APPLICATION ON FILE WITH THE BOARD.**

*To request advanced duties, please complete the Delegation Agreement Addendum for Advanced Duties*

**Fee:** The fee for each delegation agreement is **\$200.00**. Make all checks or money orders payable to: **Maryland Board of Physicians**. Mail the fee and the delegation agreement to: **P.O. Box 37217, Baltimore, MD 21297** (There is no charge for adding alternate supervising physicians, additional core duties, additional practice location or advanced duties to an existing delegation agreement.)

**Delegation agreements sent to an address, other than the one above, or hand-delivered to the Board will delay the processing of your delegation agreement.**

**Page 1: Physician Assistant (PA) Information:** Complete Sections 1—5.

**Page 2: Primary Supervising Physician: (PSP) Information:** Complete Sections 6—9.

**Practice Settings** — Section 10: PA/PSP check all applicable practice settings.

**Locations** — Section 11: PA/PSP provide the address and type of practice setting for each box checked in Section 10.

**Page 3: Scope of Practice** — Section 12: PA/PSP choose appropriate scope of practice(s) of the primary supervising physician.

**Delegated Medical Acts** — Section 13: PSP list a minimum of 5 examples of core duty\* medical acts the physician assistant will perform. Do not include advanced duties in the delegation agreement.

**Quality Assurance** — Section 14: PSP describe the process by which the PSP will review the PA's practice, appropriate to the practice setting and consistent with current standards of acceptable medical practice.

**Supervision** — Section 15: PSP describe the method of supervision of the PA.

**Page 4: Attestations for PSPs** — Sections 16 and 17: PSP print your name, sign and date the attestation. Signatures must be original.

**Page 5: Attestations for Delegation of Prescriptive Authority** — Section 18: PSPs may delegate prescriptive authority to licensed PAs if the PSP attests that the PA has met certain criteria. Both the PSP and PA must complete and sign this section if the PSP intends to designate prescriptive authority to the PA.

**Page 6: Attestations for Access to Supervising Physician, Release and Affirmation:** Sections 19—21: Both the PSP and PA must sign this page. Signatures must be original.

\*“Core duties” are defined as medical acts that are included in the standard curricula of accredited physician assistant education programs.

## INSTRUCTIONS AND IMPORTANT INFORMATION CONTINUED

**PAs must obtain Maryland Controlled Dangerous Substance and Drug Enforcement Administration (DEA) registrations before prescribing controlled dangerous substances.**

To obtain an application for registration for a Maryland Controlled Dangerous Substance (CDS) permit contact:

DHMH-Office of Controlled Substances Administration  
4201 Patterson Avenue  
Baltimore, MD 21215  
(410) 764-2890

PAs applying for a CDS permit should submit their application with a copy of the approval email from the Maryland Board of Physicians (the Board) after the Board has approved the delegation agreement.

To obtain an application for registration with the DEA, call 1-800-882-9539 or visit their website at <http://www.deadiversion.usdoj.gov/drugreg/index.html>

Questions and concerns regarding Controlled Dangerous Substance and Drug Enforcement Agency applications should be directed to the appropriate agency, not the Board.

### APPENDIXES

**Appendix A1 and A2: Designation of an Alternate Supervising Physician (ASP)** — Primary supervising physicians (PSPs), in a practice setting other than a hospital, correctional facility, detention center or local public health facility, may designate an ASP by completing Appendix A2 or submitting a letter and/or spreadsheet listing the name of the physician assistant, license number and the names and license numbers of each designated ASPs. The PSP must attest that the ASPs are aware that they are responsible for supervising the PA in the absence of the PSP.

**Appendix B: Advanced Procedures List** — The advanced procedures list is meant to be used as a guide in determining what is considered an advanced procedure. This list is not all inclusive. If you have any questions about a procedure that is not on this list, please contact the Board. *To apply for approval to perform advance duties, please complete the Delegation Agreement Addendum for Advanced Duties.*

### IMPORTANT

- A. Keep a copy of your delegation agreement.
- B. If one check is submitted for multiple physician assistants, please specify the names and license numbers of the physician assistants on the check or on a separate sheet of paper attached to the check with the correct fee for each physician assistant.
- C. Supervising physicians are required to notify the Board, within 5 days, when a physician assistant is terminated regardless of the reason for the termination. A termination form is available on the Board's website at [www.mbp.state.md.us/forms/della\\_term\\_form.pdf](http://www.mbp.state.md.us/forms/della_term_form.pdf).
- D. Licensees are required to notify the Board within 60 days of a name change or address change. Failure to notify the Board, may result in a \$100 fine. To change your name, go to the Board's website and download a name change form. [www.mbp.state.md.us/pages/forms.html](http://www.mbp.state.md.us/pages/forms.html). To change your address or update your practitioner profile, go to the Board's website [www.mbp.state.md.us/bpqaapp](http://www.mbp.state.md.us/bpqaapp).
- E. **Do not send your delegation agreement to the Board unless you have a license or you have an application on file with the Board. Delegation agreements without license numbers cannot be processed.**

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<b>FOR BANK USE ONLY</b>
Date _____
Check Number _____
Amt Paid _____
Name Code _____
App ID: 53

**Fee: \$200**

**PHYSICIAN ASSISTANT/PRIMARY SUPERVISING PHYSICIAN  
DELEGATION AGREEMENT FOR CORE DUTIES**

**PHYSICIAN ASSISTANT INFORMATION: TYPE OR PRINT LEGIBLY**

<b>1. Maryland License #:</b>	<b>2. NCCPA Certification #:</b>
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**3. IDENTIFYING INFORMATION:**

<b>Last Name, (Suffix, Jr., III):</b>	<b>First Name:</b>
<b>Middle Name/Initial:</b>	<b>Maiden Name:</b>

**4. MAILING ADDRESS: (If this is a new address, it will not be changed using this form. Licensees must go to the Board's website to make the change - <https://www.mbp.state.md.us/bpqapp/>)**

<b>Street Address 1:</b>
<b>Street Address 2:</b>
<b>City:</b> _____ <b>State:</b> _____ <b>Zip code:</b> _____

**5. CONTACT INFORMATION: (Unless otherwise specified, your notification letter will be sent to your email address. Please be sure the email address you provide is valid.)**

<b>Home #:</b>	<b>Work #:</b>
<b>Pager #:</b>	<b>Cell #:</b>
<b>Fax #:</b>	<b>Email address:</b>

**For Board Use Only:** Approval Date: \_\_\_\_\_

**PRIMARY SUPERVISING PHYSICIAN INFORMATION: TYPE OR PRINT LEGIBLY**

**6. Maryland License #:**

**7. IDENTIFYING INFORMATION:**

<b>Last Name (Suffix, Jr., III)</b>	<b>First Name:</b>
<b>Middle Name/Initial:</b>	<b>Maiden Name:</b>

**8. MAILING ADDRESS:** *(If this is a new address, it will not be changed using this form. Licensees must go to the Board's website to make the change - <https://www.mbp.state.md.us/bpqapp/>)*

**Street Address 1:**

**Street Address 2:**

**City:** **State:** **Zip code:**

**9. CONTACT INFORMATION:** *(Notification letters will be sent to your email address. Please provide a valid email address.)*

<b>Home #:</b>	<b>Work #:</b>
<b>Pager #:</b>	<b>Cell#:</b>
<b>Fax #:</b>	<b>Email Address:</b>

**10. PRACTICE SETTING:** Check all setting(s) in which the physician assistant will practice:

Hospital     Public Health Facility     Ambulatory Surgical Facility     Nursing Home     HMO

Private Practice     Urgent Care Center     Detention Center/ Correctional Facility

Other \_\_\_\_\_

**11. LOCATION(S):** List the location for each practice setting identified in Section 10. For additional locations, use a separate sheet of paper. Include the names of the PA, PSP, facility name and type of practice setting for each location.

Facility/Practice Name:		
Department:	Practice Setting Type:	
Address:		
City:	State:	Zip code:
Contact Name:	Telephone #:	
Facility/Practice Name:		
Department:	Practice Setting Type:	
Address:		
City:	State:	Zip code:
Contact Name:	Telephone #:	

**12. SCOPE OF PRACTICE: Please choose the appropriate scope of practice(s) of the primary supervising physician**

- Addiction Medicine
- Adult Critical Care
- Allergy / Immunology
- Anesthesiology
- Cardiology
- Cardiovascular Surgery
- Dermatology
- Emergency Medicine
- Endocrinology
- Family Medicine
- Gastroenterology & Hepatology
- Geriatrics
- Hospital Medicine
- Infectious Disease
- Internal Medicine
- Neonatology
- Nephrology
- Neurology
- Neurosurgery
- OB/GYN

- Occupational Medicine
- Oncology
- Ophthalmology
- Orthopedic
- Orthopedic Surgery
- Otolaryngology (ENT)
- Pain Management
- Pathology
- Pediatric Critical Care
- Pediatric Oncology
- Pediatric Surgery
- Pediatrics
- Physical Medicine & Rehabilitation
- Plastic Surgery
- Psychiatry
- Public Health
- Preventative Medicine, General
- Pulmonology
- Radiology

- Radiation Oncology
- Rheumatology
- Sleep Technology
- Surgery, General
- Transplant Surgery
- Thoracic Surgery
- Urgent Care
- Urology
- Vascular Surgery

OTHER \_\_\_\_\_

**13. DELEGATED MEDICAL ACTS:** Please list a minimum of five examples of the medical acts the physician assistant will perform. (Examples: Conduct histories & physicals, interpret & evaluate patient data, repair lacerations, first assist in surgery, administer and interpret EKGs.) *Note: Physicians intending to delegate the ordering and assessment required for restraints in medical facilities must specify this on the delegation agreement. The delegation of ordering and assessment required for restraints is prohibited by state law in any mental health setting.*

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**14. QUALITY ASSURANCE: Physician Assistant's Evaluation:** Please describe the process by which the primary supervising physician will review the physician assistant's practice, appropriate to the practice setting and consistent with current standards of acceptable medical practice.

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**15. SUPERVISION:** Which of the following best describes the continuous physician supervision methods to be utilized in your practice. Please check all that apply.

- ON SITE
- WRITTEN INSTRUCTIONS
- ELECTRONIC MEANS
- ALTERNATE SUPERVISING PHYSICIAN

**16. I ATTEST THAT:**

- a. **FOR PRIMARY SUPERVISING PHYSICIANS IN ANY SETTING.** The physician assistant (PA) will practice only within the scope of practice of the primary supervising physician (PSP) or a designated alternate supervising physician (ASP). I, as the PSP, assume responsibility for maintaining and enforcing mechanisms that assure this requirement is met on a continuous basis.
- b. **FOR PRIMARY SUPERVISING PHYSICIANS IN A SETTING OTHER THAN A HOSPITAL/ CORRECTIONAL FACILITY/DETENTION CENTER OR PUBLIC HEALTH FACILITY.** I will not delegate medical acts under a delegation agreement to more than **four** PAs at any one time. When acting as an ASP, I will not supervise more than four PAs at any one time.
- c. All medical acts to be delegated to the PA are within my scope of practice or the scope of practice of a designated ASP and are appropriate to the PA's education, training, and level of competence.
- d. I accept responsibility for any care given by the named PA.
- e. I will utilize the mechanisms of continuous supervision described in this delegation agreement.
- f. I will respond in a timely manner when contacted by the PA.

**17. OTHER INFORMATION: H.O. Section 15-302(b)(11)**

- a. I understand that repealing the requirement for primary supervising physicians to review and co-sign medical charts does not relieve me of the responsibility for any and all medical acts the PA performs.
- b. I understand that completing this agreement in bad faith, completing a false or misleading agreement, or the failure to perform the supervision provided in the agreement, constitutes unprofessional conduct in violation of Health Occupations Article Section 14-404(a)(3), Annotated Code of Maryland.
- c. In non-emergent situations, the policy of my practice is to notify patients in advance (ideally at the time of scheduling), if a physician assistant will be the treating practitioner.
- d. The policy of my practice is that either the PA or I discuss the nature and purpose of the proposed treatment or procedure; the risks and benefits of not receiving or undergoing the treatment or procedure; alternative treatments and procedures; and risks or benefits of alternative treatments or procedures with all patients.
- e. I will report to the Board, within 5 days:
  - Any termination for any reason, including quality of care issues; or
  - Any limitation, reduction or change of the terms of employment of PA for any reasons that might be grounds for discipline under Health Occupations Article, §15-314.

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Primary Supervising Physician's Name (Print Legibly)

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Primary Supervising Physician's **Original** Signature

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Date

**ATTESTATIONS FOR DELEGATION OF PRESCRIPTIVE AUTHORITY**

**18. PRESCRIPTIVE AUTHORITY:** Primary supervising physicians (PSP) may delegate the authority to prescribe controlled dangerous substances, prescriptive drugs and medical devices to licensed physician assistants (PAs) if the PSP attests that the PA has met certain criteria. 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](http://www.deadiversion.usdoj.gov/drugreg/reg_apps/onlineforms_new.htm)

**PSP if you do not intend to delegate prescriptive authority, write N/A here: \_\_\_\_\_ . If you choose to delegate prescriptive authority, please complete the sections below.**

I, as the primary supervising physician named in this delegation agreement intend to delegate the following prescriptive authority to \_\_\_\_\_ . **(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:**

- a. All prescribing activities of the physician assistant will comply with all federal and state laws governing the prescribing of medications, including controlled dangerous substances.
- b. Medical charts or records will contain a notation of any prescriptions written by the physician assistant.
- c. 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.
- d. 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.
- e. 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](http://www.mbp.state.md.us/pages/phys_assi_laws.html))

\_\_\_\_\_  
Primary Supervising Physician’s Name (Print Legibly)

\_\_\_\_\_  
Primary Supervising Physician’s **Original** Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Assistant’s Name (Print Legibly)

\_\_\_\_\_  
Physician Assistant’s **Original** Signature

\_\_\_\_\_  
Date



**ATTESTATIONS FOR ACCESS TO SUPERVISING PHYSICIAN, RELEASE, AND AFFIRMATION**

**19. ACCESS TO PHYSICIAN**

The physician assistant and the primary supervising physician named in the delegation agreement attest that they will establish a plan for the types of cases that require a physician plan of care or require that the patient initially or periodically be seen by the supervising physician and the patient will be provided access to the supervising physician on request.

**20. RELEASE**

I agree that the Maryland Board of Physicians (the Board) and the Physician Assistant Advisory Committee (PAAC) may request any information necessary to process my delegation agreement from any person or agency, including but not limited to former and current employers, government agencies, the National Practitioners Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent releases for information that may be requested by the Board.

**21. AFFIRMATION**

I solemnly affirm under the penalties of perjury that the contents of the foregoing document are true to the best of my knowledge, information and belief.

\_\_\_\_\_  
Primary Supervising Physician's Name (Print Legibly)

\_\_\_\_\_  
Primary Supervising Physician's **Original** Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Assistant's Name (Print Legibly)

\_\_\_\_\_  
Physician Assistant's **Original** Signature

\_\_\_\_\_  
Date

# APPENDIXES

Appendix A1 and Appendix A2— Designation of Alternate Supervising Physician information and form.

Appendix B—List of advanced duties. These duties must not be included on the Delegation Agreement for Core Duties. To apply for approval to perform advanced duties, download and complete the Delegation Agreement Addendum for Advanced Duties.

[http://www.mbp.state.md.us/forms/della\\_adv\\_duties.pdf](http://www.mbp.state.md.us/forms/della_adv_duties.pdf)

**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.

The list must be kept up-to-date with additions and terminations of alternate supervising physicians. The list must also be provided upon request in writing, during business hours, to representatives of the Board or the Office of Health Care Quality.

**In Practice Settings Other Than A Hospital, Correctional Facility, Detention Center or Local  
Public Health Facility**

Primary supervising physicians (PSPs), in a practice setting other than a hospital, correctional facility, detention center or local public health facility, may designate an ASP by completing Appendix A2 or submitting a letter and/or spreadsheet listing the name and license number of the physician assistant and the names and license numbers of each designated ASP. The PSP must attest that the ASPs are aware that they are responsible for supervising the PA in the absence of the PSP.

**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.**



The advanced procedures list is meant to be used as a guide in determining what is considered an advanced procedure. This list is not all inclusive. If you have any questions about a procedure that is not on this list, please contact the Board. If you wish to apply for advanced procedures, please go to the Board’s website at [http://www.mbp.state.md.us/forms/della\\_adv\\_duties.pdf](http://www.mbp.state.md.us/forms/della_adv_duties.pdf) and download the Delegation Agreement for Advanced Procedures Form. *Note: Peripherally inserted central catheter (PICC) procedures are no longer considered advanced procedures.*

<b>Cardiology</b>
Stress testing, exercise
Stress testing, pharmacological
<b>Cosmetic/Dermatological Procedures</b>
Botox injections
Collagen injections
Cynosure alexandrite laser
Dermal fillers
Laser hair removal
Laser skin resurfacing
Laser vein removal
Microdermabrasion
Non-ablative laser for skin treatments
Photo light treatment/photo therapy
Restylane injections
Skin rejuvenation
Tattooing - nipple areolar complex
Treatment of brown pigment and tattoo removal
Treatment of collagen building, sebaceous hyperplasia and active acne
Treatment of vascular lesions
<b>Gynecological/Obstetrical Procedures</b>
Cervical biopsy
Cervical colposcopy
Culdocentesis
Endometrial biopsy
Hysterosal pingograms
LEEP
Vulva biopsy
<b>Orthopedic Procedures</b>
Application of skeletal traction by insertion of skeletal traction pins
Arthrocentesis

**ADVANCED PROCEDURES BY SPECIALITY CONTINUED**

<b>Orthopedic Procedures continued</b>
Joint injections
Joint aspirations
Closed reduction of dislocations (except shoulders, fingers, toes, forearms)
Closed reduction of fractures
Myofascial injections/trigger point injections
Sclerotherapy injections
<b>Surgical Procedures</b>
Arterial cannulation - femoral approach
Arterial cannulation - radial approach
Bone marrow aspiration/biopsy/harvest
Central venous catheter insertions - femoral, IJ, subclavian
Chest tube insertion/thoracostomy
Conscious/moderate sedation
Endotracheal intubation
Endoscopy of the trachea/laryngoscopy
Insertion of hemodialysis catheters
Intra-aortic balloon pump - insertion or removal
Lumbar puncture
Lumboperitoneal shunt taps
Mediport placement
Paracentesis
Percutaneous biliary drainage catheter changes
Placement of subcuticular infusion ports
Pulmonary artery catheterization
Removal of external fixation devices
Thoracentesis
Thyroid biopsy
Vein harvesting - endoscopic or open
Venous cutdown
Shunt taps
<b>Urological Procedures</b>
Cystoscopy
Sigmoidoscopy
Urodynamic study