Instructions and Important Information

All Primary Supervising Physicians (PSPs) and Physician Assistants (PAs) should review the Maryland Board of Physicians’ (the Board’s) Website for information about PAs, including applications, the statute (Health Occupations Article, §15-101, et seq), Code of Maryland Regulations (COMAR) 10.32.03, and Frequently Asked Questions (FAQs).

- The PSP and PA must print their names, sign, and date all attestations.
- **Signatures and initials must be originals and signed in ink.** Copies will not be accepted. Faxed delegation agreements will not be accepted and will not be acknowledged.
- The fee for each delegation agreement is $200.00 and may be paid only by check or money order. No refunds are issued by the Board. (*There is no charge for adding practice locations or advanced duties to an existing delegation agreement.*)
- Checks or money orders must be made payable to: Maryland Board of Physicians. (*If one check is submitted for multiple PAs, specify the names and license numbers of each PA on the check or on a separate sheet of paper attached to the check. Make sure to include the $200.00 fee for each PA.*)
- Mail the fee and the completed delegation agreement form to the address above.
- Delegation agreements sent to an address other than the one above, hand-delivered to the Board, or submitted without payment will delay the Board’s acknowledgement of receipt and processing.

Questions regarding this delegation agreement may be directed to:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhonda Deanes</td>
<td>410-764-4669</td>
<td><a href="mailto:rhonda.deanes@maryland.gov">rhonda.deanes@maryland.gov</a></td>
</tr>
<tr>
<td>Princess Sando</td>
<td>410-764-4757</td>
<td><a href="mailto:princess.sando2@maryland.gov">princess.sando2@maryland.gov</a></td>
</tr>
<tr>
<td>James Scott</td>
<td>410-764-3763</td>
<td><a href="mailto:james.scott2@maryland.gov">james.scott2@maryland.gov</a></td>
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</tbody>
</table>

A PA may begin working after the Board acknowledges receipt of the completed delegation agreement. The Board will send acknowledgements to the PA and the PSP by e-mail. Note that the Board may disapprove any delegation agreement that does not meet the requirements of the law or if the Board believes that a PA is unable to perform the delegated medical acts safely.

**IMPORTANT NOTICE**

To apply for approval to perform advanced duties, complete the “Delegation Agreement Addendum for Advanced Duties” after the delegation agreement for core duties has been acknowledged by the Board.

**KEEP A COPY OF YOUR DELEGATION AGREEMENT**

Requesting a copy of a submitted or approved delegation agreement from the Board is considered a Public Information Act (PIA) request and may incur a fee. 

*See the “Submit a PIA request” link on the Board’s Website.*
Attached is the delegation agreement for core duties and an Appendix. When completing these documents, note that all signatures must be originals.

Part 1. PA and PSP Information. Make sure that all of your addresses with the Board are up to date, as required by Maryland law. Do not send your delegation agreement to the Board unless you have an active Maryland PA license. Delegation agreements without license numbers will not be processed, and a refund will be not be issued.

Part 2. PA and PSP E-mails. Include a valid e-mail address for Board correspondence to be sent regarding this application.

Part 3. Delegated Medical Acts. To be initialed in ink by the PSP and the PA.

Part 4. Practice Setting. To be completed by the PSP. Check all that apply.

Part 5. Telehealth. To be completed by the PSP.

Part 6. Location. To be completed by the PSP. Include all locations, and use additional paper if needed.

Part 7. Scope of Practice. To be completed by the PSP.

Part 8. Quality Assurance. To be completed by the PSP.

Part 9. Supervision. To be completed by the PSP.

ALTERNATE SUPERVISING PHYSICIAN (ASP) DESIGNATION INFORMATION

IN ANY PRACTICE SETTING, PSPs may assign one or more alternate supervising physicians (ASPs) by ensuring that:

1. The PSP maintains a list at the practice location of assigned ASPs with a signed confirmation that each ASP understands and accepts the role as an ASP; and
2. The ASP documentation is readily available at the practice location, accessible, and provided to the Board upon request.

A PHYSICIAN MAY SUPERVISE AS AN ASP IF:

1. The ASP supervises in accordance with a delegation agreement approved by the Board;
2. The ASP supervises NO MORE than four PAs 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 PSP, DOES NOT exceed a period of 45 consecutive days at any one time; and
4. The PA 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 PSP or the ASP.

In the event of a sudden departure, incapacity, or death of a PSP, a designated ASP may assume the role of the PSP by submitting a new delegation agreement to the Board within 15 days.
EXEMPTION INFORMATION REGARDING THE DISPENSING OF PRESCRIPTION DRUGS

The PSP is not required to have an active dispensing permit to delegate to the PA the dispensing of drug samples and starter doses OR to delegate the dispensing of prescription drugs at certain exempt locations. See Health Occupations Article, §12-102(d) through (g).

REGISTRATIONS RELATED TO CONTROLLED DANGEROUS SUBSTANCES

PAs must obtain Maryland Controlled Dangerous Substance (CDS) and Drug Enforcement Administration (DEA) registrations before prescribing or dispensing controlled dangerous substances. Questions and concerns regarding CDS and DEA applications should be directed to the appropriate agency, not the Board.

For a Maryland CDS registration, contact the Maryland Office of Controlled Substances Administration by calling 410-764-2890 or 866-240-7458 or by visiting https://health.maryland.gov/OCSA/Pages/home.ASPX

For a DEA registration, call 1-800-882-9539 or visit https://www.deadiversion.usdoj.gov/drugreg/index.html

Part 12a., b., and c. Attestations. To be completed by the PSP and PA. Signatures must be originals.

Note: Your signature affirms that you personally completed this delegation agreement and understand its contents.

Application Appendix

Advanced Duties by Specialty. To apply for approval to perform advanced duties, download and complete the “Delegation Agreement Addendum for Advanced Duties.”

https://www.mbp.state.md.us/forms/della_adv_duties.pdf
1. **Physician Assistant and Primary Supervising Physician Information:** *Type or Print Legibly.*

**Physician Assistant (PA) Current Legal Name:**

*Last (and generational indicator - Sr., Jr., III, etc) First Middle/Maiden*

PA License Number: **C 0 0**

Cell Phone: ____________

**Primary Supervising Physician (PSP) Name:**

*Last (and generational indicator - Sr., Jr., III, etc) First Middle/Maiden*

PSP License Number: ____________

Cell Phone: ____________

2. **E-mail Addresses for Board Correspondence:**

Provide valid e-mail addresses below. All Board correspondence regarding this delegation agreement for core duties will be sent to these e-mail addresses. **Check your “SPAM” folder for Board e-mails.** All other correspondence will continue to be mailed to your official non-public address of record with the Board.

**PA’s E-mail Address:** __________________________________________

**PSP’s E-mail Address:** __________________________________________

**To change your official e-mail address with the Board, go to the Board’s Website.**

3. **Delegated Medical Acts:** The PSP and PA must initial the box below to attest that this delegation agreement only includes core duty medical acts to be delegated to the PA. **Initials must be originals (wet ink).**

<table>
<thead>
<tr>
<th>Initials</th>
<th>“Core duties” are defined as medical acts that are included in the standard curricula of accredited physician assistant education programs. (Examples include: Conduct histories &amp; physicals, interpret &amp; evaluate patient data, repair lacerations, first assist in surgery, administer and interpret EKGs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSP: ______</td>
<td>PA: ______________</td>
</tr>
</tbody>
</table>

**NOT PERMITTED ON THIS APPLICATION**

| “Advanced duties” are defined as medical acts that require additional training beyond the basic physician assistant education program required for licensure. (Examples include: Joint injections, Botox, stress tests) TO APPLY FOR APPROVAL TO PERFORM ADVANCED DUTIES, YOU MUST HAVE AN APPROVED CORE DUTY DELEGATION AGREEMENT AND SUBMIT A DELEGATION AGREEMENT ADDENDUM. See the Board’s Website for more instructions. |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| **NOT PERMITTED ON THIS APPLICATION** | |

January 2020
Revision
4. PRACTICE SETTING: Check all settings in which the PA will practice.

- [ ] Ambulatory Surgical Facility
- [ ] Detention Center / Correctional Facility
- [ ] Hospital
- [ ] HMO
- [ ] Nursing Home
- [ ] Private Practice
- [ ] Public Health Facility
- [ ] Urgent Care Center
- [ ] Other ___________________

5. TELEHEALTH: Check the statement that applies.

- [ ] I do not intend for the PA to practice medicine through telehealth.
- [X] I intend for the PA to practice medicine through telehealth, and the PA will be physically located in Maryland.
- [ ] I intend for the PA to practice medicine through telehealth, and the PA will not be physically located in Maryland.

6. LOCATION(S): List the location for each practice setting identified in Section 4. For additional locations, use a separate sheet of paper. Include the facility name, address, and type of practice setting for each location.

7. SCOPE OF PRACTICE: Choose the appropriate scope of practice(s) of the PSP.

- [ ] Addiction Medicine
- [ ] Adult Critical Care
- [ ] Allergy / Immunology
- [ ] Anesthesiology
- [ ] Bariatric
- [ ] Cardiology
- [ ] Cardiovascular Surgery
- [ ] Dermatology
- [ ] Emergency Medicine
- [ ] Endocrinology
- [ ] Family Medicine
- [ ] Gastroenterology & Hepatology
- [ ] Genetics
- [ ] 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
- [ ] Radiation
- [ ] Radiation Oncology
- [ ] Research
- [ ] Rheumatology
- [ ] Sleep Technology
- [ ] Surgery, General
- [ ] Transplant Surgery
- [ ] Trauma
- [ ] Thoracic Surgery
- [ ] Urgent Care
- [ ] Urology
- [ ] Vascular Surgery
- [ ] Other: ___________________

8. QUALITY ASSURANCE: Describe the process by which you will review and evaluate the PA’s practice, appropriate to the practice setting and consistent with current standards of acceptable medical practice.

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
10. PRESCRIPTIVE AUTHORITY:  PAs must register with the Maryland Office of Controlled Substances Administration and the Drug Enforcement Administration before prescribing or dispensing controlled dangerous substances. Mark all ovals below that apply.

- [ ] I do not intend to delegate prescriptive authority to the PA. *(If selected, skip to Item 12b.)*
- [ ] I intend to delegate the following prescriptive authority to the PA:
  - [ ] Controlled Dangerous Substances (CDS)
  - [ ] Non-CDS Drugs
  - [ ] Medical Devices
  - [ ] PSP CDS Registration Number: ____________________ Expiration Date: ____/____/______

11. DISPENSING OF PRESCRIPTION DRUGS. Mark all ovals below that apply.

- [ ] I do not intend to delegate the dispensing of prescription drugs to the PA.
- [ ] I intend to delegate the dispensing of ONLY starter dosages and sample drugs to the PA.
- [ ] I intend to delegate the dispensing of the following category(ies) of prescription drugs to the PA:
  - [ ] Controlled Dangerous Substances (CDS)
  - [ ] Non-CDS Drugs
  - [ ] Medical Devices
  - [ ] PSP Drug Dispensing Permit Number: ______________ Expiration Date: ____/____/______
- [ ] I intend to delegate dispensing only at a location listed in Health Occupations Article, §12-102(g)(1)–(3).

12a. ATTESTATIONS (Prescriptive and Dispensing Authority) FOR THE PSP AND PA. I attest that:

1. The PA passed the physician assistant national certification exam administered by the National Commission on the Certification of Physician Assistants (NCCPA) within the previous 2 years or has successfully completed 8 category 1 hours of pharmacology education within the previous 2 years.
2. The PA has a bachelor’s degree or its equivalent or has successfully completed 2 years of work experience as a PA.
3. All prescribing activities of the PA will comply with all federal and State laws governing the prescribing of medications, including controlled dangerous substances.
4. All dispensing of prescription drugs, if applicable, will comply with all federal and State laws and the Board’s regulations including, but not limited to, Health Occupations Article (H.O.), §§12-102 and 15-302.2, Annotated Code of Maryland, and COMAR 10.32.03 and 10.32.23.
5. Medical charts or records will contain a notation of any prescriptions written or dispensed by the PA.
6. All prescriptions written by the PA will include the PA’s name and the PSP’s name, business address, and business telephone number, legibly written or printed.
7. The PSP has an active drug dispensing permit issued by the Board or is exempt from the permit requirement pursuant to H.O. §12-102(d) through (g).
8. The PA will dispense prescription drugs only at locations where the PSP is authorized to dispense drugs.
9. I will notify the Board within 5 business days if the PA’s delegation to prescribe or dispense has been restricted or revoked.

<table>
<thead>
<tr>
<th>Physician Assistant’s Name (Print Legibly)</th>
<th>PA’s Original Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Supervising Physician’s Name (Print Legibly)</td>
<td>PSP’s Original Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
I have read and am thoroughly familiar with Health Occupations Article, Title 15, Annotated Code of Maryland, and COMAR 10.32.03, which govern PAs and the requirements and responsibilities of the PSP.

The PA will practice only within the scope of practice of the PSP or a designated ASP.

I assume responsibility for maintaining and enforcing mechanisms that assure this requirement is met on a continuous basis.

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 and will only include permitted medical acts in accordance with Health Occupations Article, §15-301(d)(1) - (7) and COMAR 10.32.03.07A(4).

The PA in this delegation agreement will only be performing core duties. Any advanced duties, including, but not limited to psychiatric duties, must be approved by the Board. *(See Health Occupations Article, §15-302)*

I accept responsibility for any care given by the named PA.

I will utilize the mechanisms of continuous supervision described in this delegation agreement.

I will respond in a timely manner when contacted by the PA.

I understand that failure to perform the supervision provided in the agreement constitutes unprofessional conduct in violation of Health Occupations Article, §14-404(a)(3)(ii), Annotated Code of Maryland.

I will report to the Board, within 5 days:
  - Any termination for any reason, including quality of care issues; and
  - 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.

I understand that the PA is my agent in the performance of all practice-related activities, including the oral, written, or electronic ordering of diagnostic, therapeutic, and other medical services.

I will not delegate medical acts under a delegation agreement to more than four PAs at any one time. *(Applicable to PSPs in a setting other than a hospital, correctional facility, detention center, or public health facility)*

I will not permit a PA to delegate the duties that I have delegated to the PA to another person.

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<tr>
<th>Primary Supervising Physician’s Name (Print legibly)</th>
<th>PSP’s Original Signature</th>
<th>Date</th>
</tr>
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### 12c. ATTESTATIONS BY THE PSP AND PA FOR ACCESS TO THE PSP, RELEASE, AND AFFIRMATION

**ACCESS TO PHYSICIAN**

I attest that the PSP and the PA 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 PSP and the patient will be provided access to the PSP on request.

**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 this 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.

**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.

<table>
<thead>
<tr>
<th>Physician Assistant’s Name (Print Legibly)</th>
<th>PA’s Original Signature</th>
<th>Date</th>
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<tr>
<th>Primary Supervising Physician’s Name (Print Legibly)</th>
<th>PSP’s Original Signature</th>
<th>Date</th>
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</table>
The advanced duties list is meant to be used as a guide in determining what is considered an advanced procedure. This list is not all inclusive. Consider using the listed terminology where appropriate. If you have questions about a procedure that is not on the list, contact the Board. If you wish to apply for advanced duties, go to the Board’s Website at [https://www.mbp.state.md.us/forms/della_adv_duties.pdf](https://www.mbp.state.md.us/forms/della_adv_duties.pdf) and download the “Delegation Agreement Addendum for Advanced Duties” form.

### Cardiology
- Aorta Ultrasound
- IABP (Insertion, Manipulation, Removal)
- Stress Tests (Pharmacologic and Exercise)

### Cardio-Thoracic
- Vein Harvesting (Open, Endoscopic)
- Thoracostomy/Chest Tube Insertion
- Tracheal Endoscopy
- Thoracentesis (with/without ultrasound)
- Vascular Access (Venous, Arterial)

### Critical Care Medicine
- Aorta Ultrasound
- Tunneled Central Vascular Access (Arterial/Venous, with/without ultrasound)
- Non-Tunneled Central Vascular Access
- Thoracostomy (Chest Tube Insertion)
- Laryngoscopy
- Endotracheal Intubation
- Lumbar Puncture with/without fluoroscopic guidance
- IABP (Insertion, Manipulation, Removal)
- Paracentesis (with/without ultrasound)
- Sigmoidoscopy
- Suprapubic Bladder Taps
- Thoracentesis (with/without ultrasound)
- Resuscitation of Neonate
- Shunt Tap
- Neonatal IV Insertions
- Conscious Sedation (*Cannot be performed simultaneously with any other duty or procedure*)

### Dermatology
- Ablative and Non-Ablative Laser Surgery
- Chemical Peels
- Dermaplaning
- Excision and Repair of Malignant Lesions
- Skin Excisions
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<tr>
<th>Specialty</th>
<th>Procedures</th>
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<tr>
<td><strong>Dermatology (Cosmetic)</strong></td>
<td>Ablative and Non-Ablative Laser Surgery</td>
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<td>Body Contouring</td>
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<td></td>
<td>Botulinum Toxin (A/B) Injections</td>
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<td>Chemical Peels</td>
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<td>Collagen Injections</td>
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<td>Dermplaning</td>
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<td>Radiofrequency Body Contouring</td>
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<td>Excision and Repair of Malignant Lesions</td>
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<td>Mesotherapy</td>
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<td>Microneedling</td>
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<td>Skin Excisions</td>
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<td>Tattooing (Nipple Areolar Complex)</td>
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<td><strong>Ear, Nose, and Throat</strong></td>
<td>Laryngoscopy</td>
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<td>Nasal Endoscopy</td>
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<td>Tympanic Injections</td>
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<td><strong>Emergency Medicine</strong></td>
<td>Aorta Ultrasound</td>
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<td>Tunneled Central Vascular Access (Arterial/Venous with/without ultrasound)</td>
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<td></td>
<td>Non-Tunneled Central Venous Access</td>
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<td></td>
<td>Arthrocentesis (with/without fluoroscopic guidance; with/without ultrasound guidance)</td>
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<td></td>
<td>Bone Marrow Aspiration and/or Biopsy</td>
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<td>Thoracostomy (Chest Tube Insertion)</td>
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<td></td>
<td>Closed Reduction of Fractures Specify Locations</td>
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<td></td>
<td>Closed Reduction of Dislocations (shoulders, fingers, toes, and forearms are core duties) Specify Locations</td>
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<td>Critical Care Bedside Ultrasound</td>
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<td>Endotracheal Intubation</td>
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<td>Focused Abdominal Sonography in Trauma (FAST)</td>
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<td></td>
<td>Gastrostomy/Gastrojejunostomy Exchange/Replacement</td>
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<td></td>
<td>Lumbar Puncture (with/without fluoroscopic guidance)</td>
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<td>Nonfluoroscopic X-Ray procedures of the extremities, anterior, posterior &amp; lateral, not including the head, utilizing the Mini C-Arm</td>
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<td>Paracentesis (with/without ultrasound guidance)</td>
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<td>Suprapubic Bladder Taps</td>
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<td>Thoracentesis (with/without ultrasound)</td>
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<td><strong>Endocrinology</strong></td>
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<td><strong>Gastroenterology</strong></td>
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<td>Paracentesis (with/without ultrasound)</td>
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<td>Fistula Tubes (insertion and removal)</td>
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<td><strong>Gynecology and Obstetrics</strong></td>
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<td>Biopsy (Cervical, Endometrial)</td>
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<td>LEEP</td>
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<td>IUD Insertions and Removal</td>
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<td>Contraceptive Implants (Insertion and Removal)</td>
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<td>Insemination</td>
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<td>Saline Sonogram</td>
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<td>Circumcision</td>
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<td>Culdocentesis</td>
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<td><strong>Interventional Radiology</strong></td>
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<td>Tunneled Central Vascular Access</td>
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<td>Non-Tunneled Central Vascular Access</td>
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<td></td>
<td>Tunneled Drains (Insertion/Removal) Specify Sites</td>
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<td>Bone Marrow Aspiration and/or Biopsy</td>
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<td>Thoracostomy (Chest Tube Insertion)</td>
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<td>Fistulogram with Angioplasty (Dialysis Access Evaluation and Management)</td>
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<td>Arthrocentesis (with/without ultrasound, with/without fluoroscopic guidance) Specify Sites</td>
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<td>Lumbar Puncture (with/without fluoroscopic guidance)</td>
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<td>Myelogram</td>
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<td>Focused Abdominal Sonography in Trauma (FAST)</td>
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<td>Gastrostomy/Gastrojejunostomy Tube Exchange/Replacement</td>
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<td>Nephroureterostomy Exchange/Replacement</td>
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<td>Paracentesis with/without ultrasound guidance</td>
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<td>Percutaneous Biliary Drainage Catheter Exchange</td>
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<td>Thoracentesis</td>
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<td><strong>Neurosurgery</strong></td>
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<td>Lumbar Puncture (with/without fluoroscopic guidance)</td>
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<td>Myelogram</td>
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<td>Shunt Taps</td>
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### Oncology and Hematology
- Administration of Intrathecal Chemotherapy
- Bone Marrow Aspirate and/or Biopsy
- Bone Marrow Harvest
- Conscious Sedation *(Conscious sedation cannot be performed simultaneously with any other duty or procedure)*

### Orthopaedics/Rheumatology
- Nerve Block (with/without ultrasound guidance)
- Insertion Skeletal Traction Pins
- Arthrocentesis (with/without fluoroscopic guidance, with/without ultrasound guidance) **Specify Sites**
- Arthrogram with fluoroscopic guidance **Specify Sites**
- Greater Trochanteric Bursal Injections
- Bone Marrow Aspirate and/or biopsy
- Botulinum Toxin (A/B) Injections
- Closed Reduction of Fractures **Specify Locations**
- Closed Reduction of Dislocation (shoulders, fingers, toes and forearms are core duties) **Specify Locations**
- Myofascial Injections
- Trigger Point Injections
- Removal of External Fixation Devices
- Nonfluoroscopic X-Ray procedures of the extremities, anterior, posterior & lateral, not including the head, utilizing the Mini C-Arm

### Pain Management
- Botulinum Toxin (A/B) Injections
- Arthrocentesis
- Epidural Injections (with/without fluoroscopic guidance)
- Myofascial Injections
- Trigger Point Injections
- Nerve Blocks (with/without ultrasound guidance)

### Pediatrics
- Insertion of Umbilical Catheter
- Neonatal Resuscitation
- Newborn Circumcision

### Physical Medicine and Rehabilitation
- Nerve Block (with/without ultrasound guidance)
- Arthrocentesis (with/without fluoroscopic guidance, with/without ultrasound guidance) **Specify Sites**
- Arthrogram (with fluoroscopic guidance) **Specify Sites**
<table>
<thead>
<tr>
<th>ADVANCED DUTIES BY SPECIALTY (CONTINUED)</th>
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<tbody>
<tr>
<td>Greater Trochanteric Bursal Injections</td>
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<tr>
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<td>Epidural Injection Under Fluoroscopic Guidance</td>
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</tbody>
</table>

**Psychiatry**

*All psychiatric acts delegated by a Psychiatrist, including but not limited to the following:*

- Advanced Psychopharmacologic Treatment
- Behavioral Therapy of Psychiatric Disorders
- Conduct Diagnostic Assessments, Psychopharmacological Interventions, and Behavioral Interventions
- Evaluation and Basic Pharmacologic Treatment of Patients With Psychiatric Disorders in a Psychiatric Setting
- Psychotherapy

**Surgery – General**

- Tunneled Central Vascular Access
- Non-Tunneled Central Vascular Access

**Urology**

- Cystoscopy
- Nephroureterostomy Exchange/Replacement
- Suprapubic Bladder Taps