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

- All attestations require the PSP and PA to print their name, sign and date the attestation.
- **Signatures must be original and signed in ink.** Copies will not be accepted. Faxed delegation agreement will not be accepted and will not be acknowledged.
- The fee for each delegation agreement is $200.00. 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 should be payable to: Maryland Board of Physicians. *(If one check is submitted for multiple PA’s, please specify the names and license numbers of each PA on the check or on a separate sheet of paper attached to the check and include the correct 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, or hand-delivered to the Board or submitted without payment will delay the Board’s acknowledgement of receipt and processing.
- PSPs who designate alternate supervising physicians (ASPs) must keep a list of ASPs on file with the practice readily available, accessible and provided to the Board upon request. This information should **not** be sent to the Board.

### COMPLETING THE APPLICATION—For PAs and PSPs

*Note: All signatures must be originals.*

1. Part 1. PA and PSP Information. Please 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 a license. Delegation agreements without license numbers **will not** be processed and a refund will be not be issued.
2. Part 2. PA and PSP Emails. Include a valid email address for Board correspondence regarding this application.
3. Part 3. Delegated Medical Acts. To be completed by PSP.
4. Part 4. Practice Setting. To be completed by PSP. Check all that apply.
5. Part 5. Location. To be completed by PSP. Include all locations—use additional paper if necessary.
6. Part 6. Scope of Practice and Board Certification. To be completed by PSP.
7. Part 7. Quality Assurance. To be completed by PSP.
8. Part 8. Supervision. To be completed by PSP.
9. Part 9. Prescriptive Authority. To be completed by PSP. Check all that apply.
10. Part 10a., b., and c. Attestations. To be completed by PSP and PA. Signatures must be original. Please note that through the attestation, you are affirming that you personally completed this delegation agreement and understand its contents.
Dear Primary Supervising Physician (PSP) and Physician Assistant (PA):

- Attached is the delegation agreement for core duties and Appendixes (see below).

- To request advanced duties, please complete the “Delegation Agreement Addendum for Advanced Duties” after the delegation agreement for core duties has been acknowledged by the Board.

- For information regarding delegation of Prescriptive Authority, please see the Appendix. PAs are authorized to dispense prescription drugs as an advanced duty. If the PSP intends to delegate dispensing prescription drugs, the PSP and PA must complete an “Addendum for Advanced Duty to Dispense Prescriptions Drugs” application.

- A PA may begin working after the Board acknowledges receipt of the completed delegation agreement. Unless otherwise specified, acknowledgements will be sent to the PA and the PSP by email.

- Please 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.

- Questions about your delegation agreement, please contact:
  Shelley Taylor-Barnes, Allied Health Analyst, at 410-764-4765/shelley.taylor1@maryland.gov or Rhonda Deanes, Allied Health Analyst, at 410-764-4669/rhonda.deanes@maryland.gov.

Answers to many of your questions may be also found on the Board’s website at www.mbp.state.md.us.

Thank you,

Maryland Board of Physicians
The Allied Health Division
Physician Assistant Program

Appendix A1: Designation of Alternate Supervising Physician, Prescriptive Authority, CDS Information
Appendix A2: Advanced Procedures List  To apply for approval to perform advance duties, complete the “Delegation Agreement Addendum for Advanced Duties.”
MARYLAND BOARD OF PHYSICIANS
P.O. Box 37217 - Baltimore, Maryland 21297
Telephone: 410-764-4777 or Toll Free: 800-492-6836
www.mbp.state.md.us

PHYSICIAN ASSISTANT/PRIMARY SUPERVISING PHYSICIAN
DELEGATION AGREEMENT FOR CORE DUTIES

1. Physician Assistant (PA) and Primary Supervising Physician (PSP) Information: Type or Print

Physician Assistant Current Legal Name:

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

PA License Number: Cell Phone:

Primary Supervising Physician (PSP) Name:

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

PSP License Number: Cell Phone:

2. Email Addresses for Correspondence

Please provide valid email addresses below. All Board correspondence regarding this delegation agreement for core duties will be sent to these email addresses. **Check your “SPAM” folder for Board emails.** All other correspondence will continue to be mailed to your official address of record with the Board.

PA’s E-mail Address:

PSP’s E-mail Address:

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.

<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>
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<tbody>
<tr>
<td>PSP: ___________</td>
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<tr>
<td>PA: ___________</td>
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<thead>
<tr>
<th>NOT ALLOWED ON THIS APPLICATION</th>
<th>“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.</th>
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</table>
4. **PRACTICE SETTING:** Check all setting(s) in which the PA will practice.

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

5. **LOCATION(S):** List the location for each practice setting identified in Section 3. For additional locations, use a separate sheet of paper. Include the facility name, address, and type of practice setting for each location.

<table>
<thead>
<tr>
<th>Facility/Practice Name:</th>
<th>Department:</th>
<th>Practice Setting Type:</th>
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</thead>
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</tbody>
</table>

6. **SCOPE OF PRACTICE:** PSP: Please choose the appropriate scope of practice(s).

- [ ] 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
- [ ] Radiology
- [ ] Radiation Oncology
- [ ] Research
- [ ] Rheumatology
- [ ] Sleep Technology
- [ ] Surgery, General
- [ ] Transplant Surgery
- [ ] Trauma
- [ ] Thoracic Surgery
- [ ] Urgent Care
- [ ] Urology
- [ ] Vascular Surgery
- [ ] Other __________________
7. QUALITY ASSURANCE: Physician Assistant’s Evaluation: Please describe the process by which you will review the PA’s practice, appropriate to the practice setting and consistent with current standards of acceptable medical practice.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

8. SUPERVISION: Which of the following continuous physician supervision methods will be utilized in your practice. Please check all that apply. **Note:** PSPs who designate alternate supervising physicians (ASPs) must keep a list of ASPs on file with the practice readily available, accessible and ASP information should not be submitted to the Board.

- [ ] ON SITE
- [ ] ELECTRONIC MEANS
- [ ] WRITTEN INSTRUCTIONS
- [ ] ALTERNATE SUPERVISNG PHYSICIAN (ASP)

9. PRESCRIPTIVE AUTHORITY: 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: [https://health.maryland.gov/ocsa/Pages/home.ASPX](https://health.maryland.gov/ocsa/Pages/home.ASPX) or 410-764-2890
   - DEA Registration: [https://www.deadiversion.usdoj.gov/drugreg/reg_apps/onlineforms_new.htm](https://www.deadiversion.usdoj.gov/drugreg/reg_apps/onlineforms_new.htm)

I intend to delegate the following prescriptive authority to the PA: (Check all boxes that apply)

- [ ] Controlled Dangerous Substances
- [ ] Prescription Drugs
- [ ] Medical Devices

_PSP CDS Registration Number:_________________________ Expiration Date:____/____/______
If you do not intend to delegate prescriptive authority, write “N/A” here: ___________________

10.a. ATTESTATIONS (Prescriptive Authority). I attest that:

a. I understand that dispensing prescription medications is an advanced duty for PAs which requires submission of an “Addendum for Physician Assistant (PA) Advanced Duty to Dispense Prescription Drugs” form and prior Board approval.

b. 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.

c. The PA has a bachelor’s degree or its equivalent or has successfully completed 2 years of work experience as a PA.

d. All prescribing activities of the PA will comply with all federal and state laws governing the prescribing of medications, including controlled dangerous substances.

e. Medical charts or records will contain a notation of any prescriptions written by the PA.

f. All prescriptions written by the PA will include the PAs name and the PSP’s name, business address, and business telephone number, legibly written or printed.

g. I, as the PSP, shall notify the Board within 5 business days if the physician assistant’s delegation to prescribe has been restricted or revoked.

________________________________________________________________________________________
Primary Supervising Physician’s Name (Print Legibly) PSP’s Original Signature Date

________________________________________________________________________________________
Physician Assistant’s Name (Print Legibly) PA’s Original Signature Date
10.b. ATTESTATIONS (PSP). As a Primary Supervising Physician, I attest that:

- 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 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 alternate supervising physician (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, Section 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 and PA dispensing duties must be approved by the Board. (Health Occupations Article, Section 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 Section 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; 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.
- 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)

Primary Supervising Physician’s Name (Print Legibly)   PSP’s Original Signature  Date

10.c. ATTESTATIONS FOR ACCESS TO PRIMARY SUPERVISING PHYSICIAN, RELEASE, AND AFFIRMATION

ACCESS TO PHYSICIAN—The PA and PSP 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 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 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.

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. I also affirm that the duties being delegated to the physician assistant are core duties.

Physician Assistant’s Name (Print Legibly)   PA’s Original Signature  Date

Primary Supervising Physician’s Name (Print Legibly)   PSP’s Original Signature  Date

April 2019
Revision
Appendix A1:
- Designation of Alternate Supervising Physician
- Prescriptive Authority
- CDS Information

Appendix A2:
- List of advanced duties
  
  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
IN ANY PRACTICE SETTING,
PSP’s may assign one or more alternate supervising physicians (ASP) by one the following means:
1. Ensuring that the PSP maintains a list of assigned ASPs with a signed confirmation that each ASP understands and accepts the role as an ASP; and,
2. Ensuring that the ASP documentation of is readily available, accessible, and provided to the Board upon request.

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.

PRESCRIPTIVE AUTHORITY, DISPENSING AND CDS INFORMATION

PRESCRIPTIVE AUTHORITY: PSPs may delegate the authority to prescribe controlled dangerous substances, prescriptive drugs and medical devices to licensed PAs if the PSP attests that the PA has met certain criteria.

DISPENSING PRESCRIPTION DRUGS: Dispensing prescription medications is an advanced duty. If the PSP intends to delegate dispensing prescription drugs, the PSP and PA must complete an “Addendum for Advanced Duty to Dispense Prescriptions Drugs” application.

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

For a Maryland CDS registration contact: MDH-Office of Controlled Substances Administration, call (410) 764-2890 or 866-240-7458 or visit their website at https://health.maryland.gov/OCSA/Pages/home.ASPX

For a DEA registration, call 1-800-882-9539 or visit their website at https://www.deadiversion.usdoj.gov/drugreg/index.html
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. Please consider using the listed terminology where appropriate. If you have any questions about a procedure that is not on the list, please contact the Board. If you wish to apply for advanced procedures, please 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 for Advanced Procedures 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
<table>
<thead>
<tr>
<th><strong>ADVANCED PROCEDURES BY SPECIALITY CONTINUED</strong></th>
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<tbody>
<tr>
<td><strong>Excision and Repair of Malignant Lesions</strong></td>
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<tr>
<td><strong>Skin Excisions</strong></td>
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<tr>
<td><strong>Dermatology (Cosmetic)</strong></td>
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<tr>
<td>Ablative and Non-Ablative Laser Surgery</td>
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<tr>
<td>Body Contouring</td>
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<tr>
<td>Botulinum Toxin (A/B) Injections</td>
</tr>
<tr>
<td>Chemical Peels</td>
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<tr>
<td>Collagen Injections</td>
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<tr>
<td>Dermaplaning</td>
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<tr>
<td>Radiofrequency Body Contouring</td>
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<tr>
<td>Excision and Repair of Malignant Lesions</td>
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<tr>
<td>Mesotherapy</td>
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<tr>
<td>Microneedling</td>
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<tr>
<td>Skin Excisions</td>
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<tr>
<td>Tattooing (Nipple Areolar Complex)</td>
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<tr>
<td><strong>Ear, Nose and Throat</strong></td>
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<tr>
<td>Laryngoscopy</td>
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<tr>
<td>Nasal Endoscopy</td>
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<tr>
<td>Tympanic Injections</td>
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<td><strong>Emergency Medicine</strong></td>
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<td>Aorta Ultrasound</td>
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<tr>
<td>Tunneled Central Vascular Access (Arterial/Venous with/without ultrasound)</td>
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<tr>
<td>Non-Tunneled Central Venous Access</td>
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<tr>
<td>Arthrocentesis (with/without fluoroscopic guidance; with/without ultrasound guidance)</td>
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<tr>
<td>Bone Marrow Aspiration and/or Biopsy</td>
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<tr>
<td>Thoracostomy (Chest Tube Insertion)</td>
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<tr>
<td>Closed Reduction of Fractures - <strong>Specify Locations</strong></td>
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<tr>
<td>Closed Reduction of Dislocations (shoulders, fingers, toes and forearms are core duties) <strong>Specify Locations</strong></td>
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<tr>
<td><strong>Critical Care Bedside Ultrasound</strong></td>
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<tr>
<td><strong>Endotracheal Intubation</strong></td>
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<tr>
<td><strong>Focused Abdominal Sonography in Trauma (FAST)</strong></td>
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<tr>
<td>Gastrostomy/Gastrojejunostomy Exchange/Replacement</td>
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<tr>
<td>Lumbar Puncture (with/without fluoroscopic guidance)</td>
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<tr>
<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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<tr>
<td>Paracentesis (with/without ultrasound guidance)</td>
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<tr>
<td>Suprapubic Bladder Taps</td>
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<tr>
<td>Thoracentesis (with/without ultrasound)</td>
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<tr>
<td><strong>ADVANCED PROCEDURES BY SPECIALITY CONTINUED</strong></td>
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<tr>
<td><strong>Endocrinology</strong></td>
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<td>Thyroid Biopsy</td>
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<tr>
<td><strong>Gastroenterology</strong></td>
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<tr>
<td>Paracentesis (with/without ultrasound)</td>
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<tr>
<td>Fistula Tubes (insertion and removal)</td>
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<tr>
<td><strong>Gynecology and Obstetrics</strong></td>
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<tr>
<td>Biopsy (Cervical, Endometrial)</td>
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<td>LEEP</td>
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<tr>
<td>IUD Insertions and Removal</td>
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<tr>
<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>Hysterosalpingogram</td>
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<tr>
<td><strong>Interventional Radiology</strong></td>
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<td>Aorta Ultrasound</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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<tr>
<td>Tunneled Drains (Insertion/Removal)</td>
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<tr>
<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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<tr>
<td>Arthrocentesis (with/without ultrasound, with/without fluoroscopic guidance)</td>
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<tr>
<td>Lumbar Puncture (with/without fluoroscopic guidance)</td>
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<tr>
<td>Myelogram</td>
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<tr>
<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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<tr>
<td>Percutaneous Biliary Drainage Catheter Exchange</td>
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<tr>
<td>Thoracentesis</td>
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<tr>
<td><strong>Neurosurgery</strong></td>
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<tr>
<td>Lumbar Puncture (with/without fluoroscopic guidance)</td>
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<tr>
<td>Myelogram</td>
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<tr>
<td>Shunt Taps</td>
</tr>
</tbody>
</table>
### 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>
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<td>Epidural Injection Under Fluoroscopic Guidance</td>
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</tr>
<tr>
<td>Psychiatry*</td>
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<tr>
<td>* All psychiatric acts delegated by a Psychiatrist, including but not limited to the following:</td>
</tr>
<tr>
<td>Advanced Psychopharmacologic Treatment</td>
</tr>
<tr>
<td>Behavioral Therapy of Psychiatric Disorders</td>
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<tr>
<td>Conduct Diagnostic Assessments, Psychopharmacological Interventions and Behavioral Interventions</td>
</tr>
<tr>
<td>Evaluation and Basic Pharmacologic Treatment of Patients With Psychiatric Disorders in a Psychiatric Setting</td>
</tr>
<tr>
<td>Psychotherapy</td>
</tr>
<tr>
<td>Surgery – General</td>
</tr>
<tr>
<td>Tunneled Central Vascular Access</td>
</tr>
<tr>
<td>Non-Tunneled Central Vascular Access</td>
</tr>
<tr>
<td>Urology</td>
</tr>
<tr>
<td>Cystoscopy</td>
</tr>
<tr>
<td>Nephroureterostomy Exchange/Replacement</td>
</tr>
<tr>
<td>Suprapubic Bladder Taps</td>
</tr>
</tbody>
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