

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

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 delegation agreements may be directed to:

Rhonda Deanes, Allied Health Analyst	410-764-4669	rhonda.deanes@maryland.gov
Princess Sando, Allied Health Analyst	410-764-4757	princess.sando2@maryland.gov
Michael Tran, Allied Health Analyst Associate	410-764-2478	michael.tran@maryland.gov

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 Board has acknowledged the delegation agreement for core duties.

KEEP A COPY OF YOUR DELEGATION AGREEMENT

Make a copy of your delegation agreement (DA) for your records before mailing it to the Board.

Requesting a copy of a submitted or approved DA from the Board is considered a [Public Information Act \(PIA\)](#) request, may take up to 30 days to complete and may incur a fee.

Note: The Board will release a copy of a newly submitted/unapproved DA only after the Board's final approval of the DA .

MARYLAND BOARD OF PHYSICIANS

P.O. Box 37217 - Baltimore, Maryland 21297

www.mbp.state.md.us

PHYSICIAN ASSISTANT / PRIMARY SUPERVISING PHYSICIAN DELEGATION AGREEMENT FOR CORE DUTIES

COMPLETING THE APPLICATION FOR PAs AND PSPs

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.

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COMPLETING THE APPLICATION FOR PAs AND PSPs (*continued*)

Part 10. Prescriptive Authority. To be completed by the PSP. Check **all** that apply. PSPs may delegate the authority to prescribe controlled dangerous substances (CDS), non-CDS drugs, and medical devices to licensed PAs if the PSP attests that the PA has met certain criteria.

Part 11. Dispensing of Prescription Drugs.* To be completed by the PSP. PSPs may delegate the dispensing of prescription drugs to licensed PAs as a core duty if the PSP has an **active dispensing permit issued by the Board**, and the PA is delegated prescriptive authority.

* Dispensing means the procedure which results in the receipt of a prescription drug by a patient. Dispensing is different from prescribing and does not include directly administering a single dosage of a prescription drug in the course of treating a patient. Dispensing includes: Interpretation of the prescription; selection and labeling of the drug; and measuring and packaging of the drug. These are tasks most often performed by a pharmacist.

**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

4. PRACTICE SETTING: Check **all** settings in which the PA will practice.

Ambulatory Surgical Facility	HMO	Public Health Facility
Detention Center / Correctional Facility	Nursing Home	Urgent Care Center
Hospital	Private Practice	Other _____

5. TELEHEALTH: Check the statement that applies.

I do **not** intend for the PA to practice medicine through telehealth.

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.

Facility/Practice Name:		
Department:	Practice Setting Type:	
Address:		
City:	State:	Zip Code:
Contact Name:	Telephone Number:	

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 Radiology Radiation Oncology Research Rheumatology Sleep Technology Surgery, General Transplant Surgery Trauma Thoracic Surgery Urgent Care Urology Vascular Surgery Other: _____
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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.

_____ _____ _____

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

ON SITE	WRITTEN INSTRUCTIONS
ELECTRONIC MEANS	ALTERNATE SUPERVISING PHYSICIAN

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 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 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.

Physician Assistant’s Name (Print Legibly)	PA’s Original Signature	Date
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Primary Supervising Physician’s Name (Print Legibly)	PSP’s Original Signature	Date
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12b. ATTESTATIONS: As the PSP, I attest that:

- 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.

Primary Supervising Physician's Name
(Print legibly)

PSP's Original Signature

Date

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.

Physician Assistant's Name (Print Legibly)

PA's Original Signature

Date

Primary Supervising Physician's Name (Print Legibly)

PSP's Original Signature

Date

*****Please make a copy of the completed and signed application for your records before mailing it to the Board.*****

*****ATTENTION*****

Please make a copy of the completed and signed delegation agreement application before mailing it to the Board.

Physician assistants and primary supervising physicians must maintain a copy of their delegation agreement at their place of employment at all times.

Requesting a copy of an application from the Board is considered a Public Information Act (PIA) request. Under the PIA, the Board has 30 days to respond to requests and there may be a charge for the requested materials.

Note: The Board will release a copy of a newly submitted/unapproved DA only after the Board's final approval of the DA .

ADVANCED DUTIES BY SPECIALTY

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 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)
Thorocostomy/Chest Tube Insertion
Tracheal Endoscopy
Thorocentesis (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 (<i>Cannot be performed simultaneously with any other duty or procedure</i>)
Dermatology
Ablative and Non-Ablative Laser Surgery
Chemical Peels
Dermaplaning
Excision and Repair of Malignant Lesions
Skin Excisions

ADVANCED DUTIES BY SPECIALTY (CONTINUED)**Dermatology (Cosmetic)**

Ablative and Non-Ablative Laser Surgery

Body Contouring

Botulinum Toxin (A/B) Injections

Chemical Peels

Collagen Injections

Dermaplaning

Radiofrequency Body Contouring

Excision and Repair of Malignant Lesions

Mesotherapy

Microneedling

Skin Excisions

Tattooing (Nipple Areolar Complex)

Ear, Nose, and Throat

Laryngoscopy

Nasal Endoscopy

Tympanic Injections

Emergency Medicine

Aorta Ultrasound

Tunneled Central Vascular Access (Arterial/Venous with/without ultrasound)

Non-Tunneled Central Venous Access

Arthrocentesis (with/without fluoroscopic guidance; with/without ultrasound guidance)

Bone Marrow Aspiration and/or Biopsy

Thoracostomy (Chest Tube Insertion)

Closed Reduction of Fractures **Specify Locations**Closed Reduction of Dislocations (shoulders, fingers, toes, and forearms are core duties)
Specify Locations

Critical Care Bedside Ultrasound

Endotracheal Intubation

Focused Abdominal Sonography in Trauma (FAST)

Gastrostomy/Gastrojejunostomy Exchange/Replacement

Lumbar Puncture (with/without fluoroscopic guidance)

Nonfluoroscopic X-Ray procedures of the extremities, anterior, posterior & lateral, not including the head, utilizing the Mini C-Arm

Paracentesis (with/without ultrasound guidance)

Suprapubic Bladder Taps

Thoracentesis (with/without ultrasound)

ADVANCED DUTIES BY SPECIALTY (CONTINUED)**Endocrinology**

Thyroid Biopsy

Gastroenterology

Paracentesis (with/without ultrasound)

Fistula Tubes (insertion and removal)

Gynecology and Obstetrics

Biopsy (Cervical, Endometrial)

LEEP

IUD Insertions and Removal

Contraceptive Implants (Insertion and Removal)

Insemination

Saline Sonogram

Circumcision

Culdocentesis

Hysterosalpingogram

Interventional Radiology

Aorta Ultrasound

Tunneled Central Vascular Access

Non-Tunneled Central Vascular Access

Tunneled Drains (Insertion/Removal) **Specify Sites**

Bone Marrow Aspiration and/or Biopsy

Thoracostomy (Chest Tube Insertion)

Fistulogram with Angioplasty (Dialysis Access Evaluation and Management)

Arthrocentesis (with/without ultrasound, with/without fluoroscopic guidance) **Specify Sites**

Lumbar Puncture (with/without fluoroscopic guidance)

Myelogram

Focused Abdominal Sonography in Trauma (FAST)

Gastrostomy/Gastrojejunostomy Tube Exchange/Replacement

Nephroureterostomy Exchange/Replacement

Paracentesis with/without ultrasound guidance

Percutaneous Biliary Drainage Catheter Exchange

Thoracentesis

Neurosurgery

Lumbar Puncture (with/without fluoroscopic guidance)

Myelogram

Shunt Taps

ADVANCED DUTIES BY SPECIALTY (CONTINUED)**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**

ADVANCED DUTIES BY SPECIALTY (CONTINUED)

Greater Trochanteric Bursal Injections

Botulinum Toxin (A/B) Injections

Epidural Injection Under Fluoroscopic Guidance

Myofascial Injections

Trigger Point Injections

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