MARYLAND BOARD OF PHYSICIANS
ALLIED HEALTH DIVISION
P.O. BOX 2571
BALTIMORE, MARYLAND 21215
E-mail: ***mdh.mbpPAdispense@maryland.gov***

VERIFICATION OF PHYSICIAN ASSISTANT (PA) DISPENSING

Instructions: Each section of this dispensing log must be completed on both pages before it is returned to the Maryland Board of Physicians with the Addendum for PA Advanced Duty to Dispense Prescription Drugs ("application"). In the presence of the primary supervising physician (PSP) who is named in the application, the PA must complete all steps in the dispensing process for a minimum of 25 prescription drugs. The PSP must sign for each observed dispensed drug completed by the PA. The completed log must accompany the completed application.

PA Name: _____ **License Number:** _____

PSP Name: _____ **License Number / Dispensing Permit Number:** _____ / _____

Date	Medication Dispensed and Dosage	Final Check Personally Supervised by PSP (Y / N)	PSP Signature

VERIFICATION OF PHYSICIAN ASSISTANT (PA) DISPENSING *(continued)*

Date	Medication Dispensed and Dosage	Final Check Personally Supervised by PSP (Y / N)	PSP Signature