

**MODIFICATION OF EXISTING DELEGATION AGREEMENT
ADDING DISPENSING OF PRESCRIPTION DRUGS**

Instructions: This form is for a primary supervising physician who intends to delegate the dispensing of prescription drugs to a physician assistant (PA) with an approved delegation agreement already on file with the Board. Complete all sections and mail this form to the address above. Signatures must be originals and signed in ink. If you have not yet delegated prescriptive authority to the PA, you first must complete the "Modification of Existing Delegation Agreement Adding Prescriptive Authority" form, which is available on the Board's Website.

1. Physician Assistant and Primary Supervising Physician Information (Type or print)

Physician Assistant (PA) Name:

PA E-mail Address:

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

PA License Number: **C00** _____ CDS Registration Number (if applicable): _____

Primary Supervising Physician (PSP) Name:

PSP E-mail Address:

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

PSP License Number: _____ Maryland Dispensing Permit Number: _____
→ Write "EXEMPT" if Health Occupations Article, §12-102(d) through (g) applies

CDS Registration Number (if applicable): _____

2. Dispensing of Prescription Drugs

I, as the PSP, intend to delegate the dispensing of the following category(ies) of prescription drugs to the PA:
(Check all boxes that apply)

Controlled Dangerous Substances (CDS)

Non-CDS Drugs

3. Attestations

I attest that:

- The PA has previously been delegated prescriptive authority.
- All dispensing of prescription drugs will comply with all federal and State laws and regulations, including but not limited to: Health Occupations Article (H.O.), §§12-102 and 15-302.2, Annotated Code of Maryland, and Code of Maryland Regulations (COMAR) 10.32.03 and 10.32.23.
- Medical charts or records will contain a notation of any prescriptions that the PA dispenses.
- 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).
- The PA will dispense prescription drugs only at locations where the PSP is authorized to dispense drugs.
- I will notify the Board within 5 business days if the PA's delegation to dispense has been restricted or revoked.
- The PA will not delegate the duties that the PSP has delegated to the PA to another person.

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

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

Reminder: Keep a copy of this completed form for your records.