



BOARD OF PHYSICIANS
Maryland Department of Health

STEP-BY-STEP GUIDE

**Online Core Delegation Agreements initiated
by Primary Supervising Physician**

Written Agreement Initiated by Primary Supervising Physician

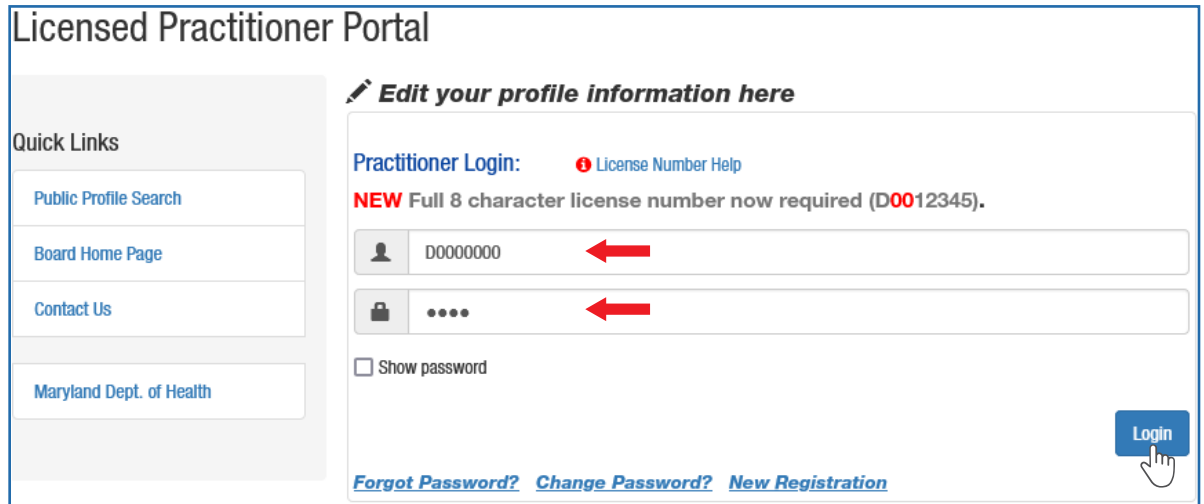
These steps can be followed for Online Core Delegation agreements once an email is received by the PSP to complete Part 2 of the Delegation Agreement.

01

Go to https://www.mbp.state.md.us/bpqapp/Portal_login.aspx

02

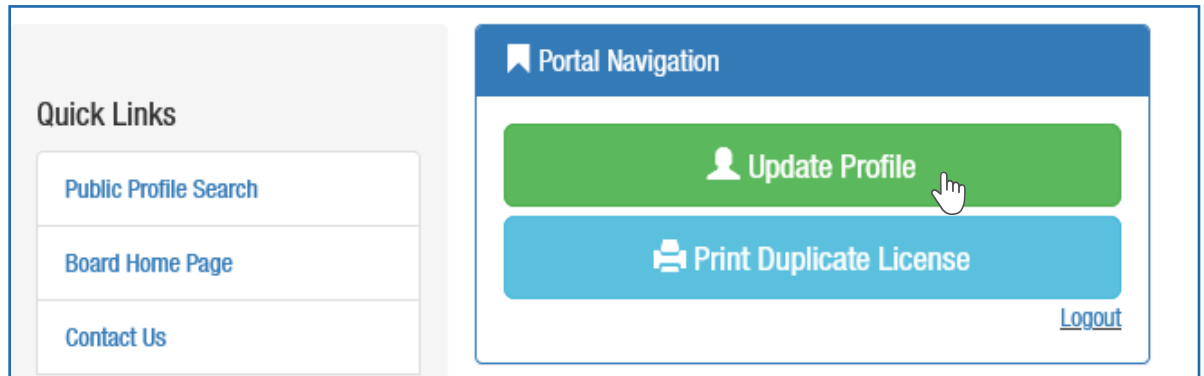
The PSP will need to Log into the **Licensed Practitioner Portal** by entering their License Number and Password and clicking **Login**.



The screenshot shows the 'Licensed Practitioner Portal' login interface. On the left is a 'Quick Links' sidebar with options: Public Profile Search, Board Home Page, Contact Us, and Maryland Dept. of Health. The main area has a heading 'Edit your profile information here' with a pencil icon. Below this is the 'Practitioner Login:' section, which includes a 'License Number Help' link and a 'NEW Full 8 character license number now required (D0012345)' notice. There are two input fields: the first for the license number (containing 'D0000000') and the second for the password (containing four dots). Red arrows point to the right side of both input fields. A 'Show password' checkbox is located below the password field. A blue 'Login' button is in the bottom right corner, with a hand cursor over it. At the bottom of the login area are links for 'Forgot Password?', 'Change Password?', and 'New Registration'.

03

Under **Portal Navigation** section, click **Update Profile**



The screenshot shows the 'Portal Navigation' section of the portal. On the left is a 'Quick Links' sidebar with options: Public Profile Search, Board Home Page, and Contact Us. The main area has a blue header 'Portal Navigation' with a bookmark icon. Below the header are two large buttons: a green 'Update Profile' button with a person icon and a blue 'Print Duplicate License' button with a printer icon. A hand cursor is over the 'Update Profile' button. A 'Logout' link is in the bottom right corner of the navigation area.

04

Navigate to the top-right of the dropdown menu and select **Delegation Agreements for Core Duties**



The screenshot shows a dropdown menu titled 'Select Profile Section To Edit'. The menu is open, showing a list of options. A red arrow points to the 'Delegation Agreements For Core Duties' option, which is highlighted in grey. The other options in the menu are: Select Profile Section To Edit, Address and Contact Information, Postgraduate Training Program, Specialty Board Certification, Self-Designated Practice Area, Maryland Hospital Privilege, Medical Licenses Held in Other States, AT Active Supervisor-Agreement, Naturopathic Doctor Collaboration and Consultation Agreements, and SGC Active Supervisor-Agreement.

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05

The user will be redirected to the **Delegation Agreement for Core Duties** page. Click on the link: [Please Complete Part 2 Delegation Agreement](#)

NEW--In Process Agreements (Not Yet Approved)
<p>→ Delegation Agreement ID: TBA C000000 Santa Claus Please Complete Part 2 Delegation Agreement ←</p> <p>Date completed: PA: 05/24/2023 Supervising Physician: 03/01/2022 Board Status: Pending</p>

06

In **Part 2 - DELEGATION AGREEMENT FOR CORE DUTIES**, confirm and complete:

1. Physician Assistant and Primary Supervising Physician Info
2. E-mail Addresses for Board Correspondence
3. Delegated Medical Acts
4. SCOPE OF PRACTICE

6.1

1. Physician Assistant and Primary Supervising Physician Information

Physician Assistant

PA License No: C00000
PA Name: Santa Claus
Phone: (M) 4107644761

Primary Supervising Physician

PSP License No: D00000
Dr. TEST JOHN DOE

6.2

All Board correspondence regarding this delegation agreement for core duties will be sent to these e-mail addresses. Be sure to 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.

Physician Assistant Email: davidmitchell@maryland.gov

Primary Supervising Physician Email:

drtestjohndoe@skynet.com ←

To change your official e-mail address with the Board, go to the Board's Profile website at https://www.mbp.state.md.us/bpqapp/Portal_login.aspx

6.3

3. Delegated Medical Acts

I attest that this delegation agreement only includes **Core Duty** medical acts. (The PA has also attested on his/her portion of the online delegation agreement.)

Advanced Duties are not permitted on this application.


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6.4

4. SCOPE OF PRACTICE

Choose the appropriate scope of practice(s) of the PSP. If you select "Other" from the Primary Scope of Practice, you must provide a description.

Primary Scope of Practice

Abdominal Imaging 

If Other:


07

Fill out the form under **5. QUALITY ASSURANCE** section and click 

Part 2 - DELEGATION AGREEMENT FOR CORE DUTIES

Application ID: 20093
PA License Number: C00000 SANTA CLAUS
PSP License Number: D00000 Dr. TEST JOHN DOE

5. QUALITY ASSURANCE

This is a listing of thejkljkl;jkl;jkl;jkl; 

08


Check sections: **6. SUPERVISION** and **7. PRESCRIPTIVE AUTHORITY**

Part 2 - DELEGATION AGREEMENT FOR CORE DUTIES

Application ID: 20093
PA License Number: C00000 SANTA CLAUS
PSP License Number: D00000 Dr. TEST JOHN DOE

6. SUPERVISION

Which of the following continuous physician supervision methods will be utilized in your practice?
Check all that apply.

- On Site
- Electronic Means
- Written Instructions
- Alternate Supervising Physician 

7. PRESCRIPTIVE AUTHORITY

- I DO NOT intend to delegate prescriptive authority to the PA.
- I intend to delegate prescriptive authority to the PA.

Select all that apply.

- Controlled Dangerous Substances (CDS)
- Non-CDS Drugs
- Medical Devices
- I do not have a CDS registration

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Enter PSP CDS Registration Number and Expiration Date

PSP CDS Registration Number: [Search for CDS Registrations](#)

1234 ←

Expiration Date:

11/30/2021 ←

09

Check all that apply in sections 8a - 8b. **DISPENSING OF PRESCRIPTION DRUGS**, confirm **PSP Drug Dispensing Number and Expiration**, click Continue

8a. DISPENSING OF PRESCRIPTION DRUGS ⓘ

The PSP has an active drug dispensing permit issued by the Board.

Yes No

8b. DISPENSING OF PRESCRIPTION DRUGS

I DO NOT intend to delegate the dispensing of prescription drugs to the PA.

I intend to delegate the dispensing of prescription drugs to the PA.

I intend to delegate the dispensing of prescription drugs to the PA and I do not need a drug dispensing permit because I work at an exempt location.

ⓘ Exempt Location Information

Select all that apply.

Controlled Dangerous Substances (CDS)

Non-CDS Drugs

PSP Drug Dispensing Permit Number:

1234

Expiration Date:

11/4/2025

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Note: If the PSP does NOT intend to delegate prescriptive authority to the PA, skip the above sections and click Continue to review **9b Attestations** section.


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Review section: **9a Attestations for Prescriptive and Dispensing Authority**

9a. Attestations for Prescriptive and Dispensing Authority


I Attest:

1. 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.
2. Medical charts or records will contain a notation of any prescriptions written or dispensed by the PA.
3. 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) .
4. The PA will dispense prescription drugs only at locations where the PSP is authorized to dispense drugs.
5. I will notify the Board within 5 business days if the PA's delegation to prescribe or dispense has been restricted or revoked.

Once complete, proceed to the **Electronic Signature of PSP**. Enter **Full Name**, **Last 4 digits of SSN** and **Today's Date**, then Continue

Electronic Signature of Primary Supervising Physician

Full Name

PSP Full Name 


Last 4 digits of SSN

Last 4 digits of SSN 

Today's Date

Enter Date as mm/dd/yyyy 

Electronic Signature of PA (previously signed)

 PA License No: C00002, PA Name: John Doe, Signed: 9/21/2021

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Continue >

Review the **9b Attestations** section and check below to agree to them. Click Continue to proceed to the next section.

9b. Attestations

I Attest:

- 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.

Attestation of Primary Supervising Physician

As the PSP, I have read and agree to the attestations above.

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Continue >

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Review section: 9c Attestations for Access to the PSP, Release, and Affirmation

9c. Attestations for Access to the PSP, Release, and Affirmation

✓ Access to Primary Supervising 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.

Once complete, proceed to the **Electronic Signature of Primary Supervising Physician**. Enter **Full Name**, **Last 4 digits of SSN** and **Today's Date**, then [Continue>](#)

Electronic Signature of Primary Supervising Physician


Full Name

PSP Full Name 

Last 4 digits of SSN

Last 4 digits of SSN 

Today's Date

Enter Date as mm/dd/yyyy 

Electronic Signature of PA (previously signed)

PA License No: C00002, PA Name: John Doe, Signed: 9/21/2021

Part 2 of the PSP Delegation is now complete.



Note: The application notice will be emailed to the PSP, PA and a copy sent to the Maryland Board of Physicians.