

## PHYSICIAN ASSISTANT PRACTICE AGREEMENT UPDATED 10/20/16

- Both the physician assistant and the supervising physician must be licensed in South Dakota and have a board approved practice agreement on file with the board office before seeing patients.
- This practice agreement covers any location where the signing physician(s) agree to supervise the physician assistant.
- If the physician assistant wishes to work at additional locations not covered by this agreement, a separate practice agreement is required.

The completed form should be emailed to the Board office at [sdbmoe@state.sd.us](mailto:sdbmoe@state.sd.us).

PHYSICIAN ASSISTANT PRINTED NAME	
Printed Name Physician Assistant	Proposed Start Date
DELEGATION OF TASKS (CORE COMPETENCIES)	
<p>A physician assistant may perform the following tasks and procedures as delegated by a supervising physician. :</p> <ol style="list-style-type: none"><li>1. Approach a patient of any age group in any setting to elicit a medical history and perform a physical examination.</li><li>2. Assess, diagnose and treat medical or surgical problems and record the findings.</li><li>3. Order, interpret, or perform laboratory tests, X-rays or other medical procedures or studies.</li><li>4. Perform therapeutic procedures such as injections, immunizations, suturing and care of wounds, ear and eye irrigation and other clinical procedures.</li><li>5. Perform office surgical procedures including, but not limited to, skin biopsy, lesion or wart removal, toenail removal, removal of a foreign body, arthrocentesis, injection, casting, incision and drainage of abscesses.</li><li>6. Assist in surgery.</li><li>7. Provide prenatal and postnatal care and assist a physician in obstetrical care.</li><li>8. Perform and screen the results of special medical examinations including, but not limited to, electrocardiogram or Holter monitoring, radiography, audiometric and vision screening, tonometry, and pulmonary function screening tests.</li><li>9. Instruct and counsel patients regarding physical and mental health on matters such as diets, disease, therapy, and normal growth and development.</li><li>10. Function in the hospital setting by obtaining medical histories and performing physical examinations, making patient rounds, recording patient progress notes and other appropriate medical information, assisting in surgery, performing or assisting with medical procedures, providing emergency medical services and issuing, transmitting and executing patient care orders as delegated by the supervising physician.</li><li>11. Provide services to patients requiring continuing care (i.e., home, nursing home, extended care facilities).</li><li>12. Refer patients to specialty or subspecialty physicians, medical facilities or social agencies as indicated by the patients' health needs.</li><li>13. Immediately evaluate, treat and institute procedures essential to provide appropriate response to emergency medical problems.</li><li>14. Order drugs and supplies in the office, and assist in keeping records and in the upkeep of equipment.</li><li>15. Admit and discharge patients to a hospital or health care facility.</li><li>16. Order diets, physical therapy, inhalation therapy, or other rehabilitative services as indicated by the patient's diagnosis or medical condition.</li><li>17. Prescribe and provide drug samples or a limited supply of labeled medications to patients. This includes legend drugs and controlled substances. Controlled substances listed on Schedule II in chapter 34-20B may be prescribed or provided for one period of not more than thirty days, for treatment of causative factors and symptoms. Physician assistants may request, receive, and sign for professional samples of drugs provided by the manufacturer. Medications or sample drugs provided to patients shall be accompanied with written administration instructions and appropriate documentation shall be entered in the patient's record.</li><li>18. Administer medications.</li><li>19. May, at the request of a law enforcement officer, order withdrawal or withdraw a specimen of blood from a patient for the purpose of determining the alcohol concentration or the presence of drugs.</li><li>20. Direct medical personnel, health professionals and others involved in caring for patients in the execution of patient care.</li><li>21. Laser Delegation see Board Declaratory Ruling</li></ol>	
TERMINATION	
<p>The terms of this agreement shall remain in effect as long as the terms defined herein describe the physician assistant's current practice unless the agreement is terminated in writing by either party. Pursuant to ARSD 20:52:01:05, upon termination of this agreement, the physician assistant shall notify the Board, in writing, of the termination and may not perform the functions defined in SDCL 36-4A-26.1 unless a new or amended practice agreement is filed with and approved by the Board.</p>	

**SIGNATURES**

Pursuant to SDCL 36-4A-29 and ARSD 20:52:01:03:01, a physician by supervision, continuous monitoring, and evaluation, accepts initial and continuing responsibility for a physician assistant until such relationship is terminated. The physician must be available in person or via telecommunication at all times while the physician assistant is seeing patients.

\_\_\_\_\_  
**PRINTED NAME PHYSICIAN ASSISTANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE PHYSICIAN ASSISTANT**

**Email:** \_\_\_\_\_

\_\_\_\_\_  
**PRINTED NAME SUPERVISING PHYSICIAN**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE SUPERVISING PHYSICIAN**

**Email:** \_\_\_\_\_

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**PRINTED NAME SUPERVISING PHYSICIAN**

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**DATE**

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**SIGNATURE SUPERVISING PHYSICIAN**

**Email:** \_\_\_\_\_

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**PRINTED NAME SUPERVISING PHYSICIAN**

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**DATE**

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**SIGNATURE SUPERVISING PHYSICIAN**

**Email:** \_\_\_\_\_

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**PRINTED NAME SUPERVISING PHYSICIAN**

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**DATE**

\_\_\_\_\_  
**SIGNATURE SUPERVISING PHYSICIAN**

**Email:** \_\_\_\_\_

**EMAIL SCANNED COPY TO: [sdbmoe@state.sd.us](mailto:sdbmoe@state.sd.us)**

**KEEP A COPY OF THIS AGREEMENT ON FILE AT THE PRACTICE LOCATION**

**MUST HAVE BOARD APPROVAL PRIOR TO PRACTICE**

Emailed approval should take no longer than five (5) business days – if not received, contact the Board office