## PHYSICIAN ASSISTANT SUPERVISORY AGREEMENT CHECKLIST

- Is the name and license number of the Physician Assistant and the Supervising Physician included in the opening paragraph of the Supervisory Agreement?
- Is the Supervisory Agreement specific to the Physician Assistant?
- Is the Supervisory Agreement on Letterhead?
- Is the Supervisory Agreement Completely Typed?

**Does the Physician Assistant have Prescriptive Authority?**

- **YES**
- **NO**

*If you check “NO”, please include a completed Prescriptive Authority Application if the P.A. will be prescribing*

### Type of Supervisory Agreement (check one)

- Can the P.A. Only prescribe Non-Controlled Substances?  
- Can the P.A. prescribe Controlled Substances?

**ATTENTION! AS OF JULY 1, 2016, A LIST OF MEDICATIONS THAT THE PHYSICIAN ASSISTANT WILL BE PRESCRIBING IS NO LONGER REQUIRED IN THE AGREEMENT.**

## All Supervisory Agreements MUST include the following sections

*(please see the sample agreement under the Physician Assistant profession of our website)*:

### These items must be listed on the first page of the agreement:

- Name of Physician Assistant and Supervising Physician
- Full business address and telephone number listed under Physician Assistant and Supervising Physician
- License Number of the P.A. (unless accompanying an initial application) and Supervising Physician.

### The following sections must be included in the supervisory agreement.

*(please see sample agreement under the Physician Assistant profession of our website for clarification)*

- Manner of Supervision (ex. % of chart review)
- Delegated Prescriptive Authority  
  (specify prescribing Controlled or Non-Controlled)
- List of Additional Practice Addresses
- Role of the Physician Assistant/Delegated Tasks (cannot include general or regional anesthesia)
- Emergency Protocol
- Prescribing Protocol
- P.A. and Physician original signatures and dates
### Supervisory Agreements with active Controlled Substance Registrations MUST include the following

- Refill Protocol must be included in the Delegated Prescriptive Authority section
- “Aggregate amount that does not exceed a thirty (30) day supply” must be included in the Delegated Prescriptive Authority section
- Must clearly state that the Physician Assistant may not prescribe a Schedule I Controlled Substance in the Delegated Prescriptive Authority section
- Must clearly state that the Physician Assistant will be prescribing Controlled Substances in the Delegated Prescriptive Authority section
- Must have printed name of Physician Assistant and Supervising Physician, including printed dates, below the signature line on the last page of the agreement

### Supervisory Agreements with NEW Controlled Substance Registration MUST include the following

- Refill Protocol must be included in the Delegated Prescriptive Authority section
- “Aggregate amount that does not exceed a thirty (30) day supply” must be included in the Delegated Prescriptive Authority section
- Must clearly state that the Physician Assistant may not prescribe a Schedule I Controlled Substance in the Delegated Prescriptive Authority section
- Must clearly state that the Physician Assistant will be prescribing Controlled Substances in the Delegated Prescriptive Authority section
- A letter from the Physician Assistant’s employer, stating they have practiced for 1,800 hours or more, must accompany the CSR application and Supervisory Agreement
- Must have printed name of Physician Assistant and Supervising Physician, including printed dates, below the signature line on the last page of the agreement

### Supervisory Agreements for prescribing Non-Controlled Substances MUST include the following

- Must clearly state that the Physician Assistant may not prescribe any Controlled Substances in the Delegated Prescriptive Authority section
- Prescribing Protocol must be included in the agreement
- Must have printed name of Physician Assistant and Supervising Physician, including printed dates, below the signature line on the last page of the agreement

*The Supervisory Agreement may include additional sections pertaining to Physician Assistant requirements that are exclusive to company policies, however, the requirements outlined in this checklist must be included in the agreement as well.*

For additional information regarding Physician Assistant Supervisory Agreements, please visit: [www.in.gov/pla/2587.htm](http://www.in.gov/pla/2587.htm) and select “Supervisory Agreement Sample”