WASHINGTON Medical Commission
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Please send to:

medical.commission@doh.wa.gov

Physician Assistant-Surgical Assistant Delegation Agreement and Guidelines

Surgical Assistant Name:_____ Credential Number:_____

E-Mail Address: _____ Name of Physician Group:_____

Supervising Physician's Name:_____ Credential Number:_____

E-Mail Address: _____ Name of Physician Group:_____

Primary Practice Address:_____

Basic Surgical Assistant Utilization Plan:

1. Shall function only in an in-patient or out-patient operating room as approved by the commission.

2. **Shall only be allowed** to assist the operating surgeon, close skin and subcutaneous tissue, place suture ligatures, clamp, tie and clip blood vessels, use cautery for hemostasis under direct supervision.

3. **Must** wear a badge identifying him or her as a Physician Assistant-Surgical Assistant or P.A.S.A.

4. **Shall not** be allowed:

   a. to perform any surgical procedures independently, even under direct supervision, and will be allowed too only assist the operating surgeon. See WAC 246-918-250.

   b. to have prescriptive authority.

   c. to write any progress notes or order(s) on hospitalized patients, except operative notes.

   d. to be utilized in a place geographically separate from the setting in which the PASA and the supervising physician are authorized to practice.

5. **Supervision** and review shall include the surgeon remaining in the surgical suite until the surgical procedure is complete. See WAC 246-918-260.

Practice Setting:

Hospital practice OR out-patient surgical settings: (Note that all duties listed on this form may be approved by the Commission, bit it is at the discretion of the hospital to allow them).
List hospital or out-patient surgical settings and cities in which surgery will be assisted:

_____

_____

_____

This section is to be completed by the supervising physician

Assisting in Surgery:

☐ 1st assisting ☐ 2nd assisting ☐ Major procedures ☐ Minor procedures

Excluding this applicant, how many other PA-C's, PAs, or PASAs does the supervising physician supervise?
Total:_____

If the addition of this physician assistant-surgical assistant will exceed the supervision or sponsorship of five physician assistants, provide written justification, as well as how supervision and consultation will be accomplished as required in WAC 246-918-055(7).

Is the PASA practicing within a physician group? ☐ Yes ☐ No

Only one primary sponsor needs to be designated for each physician group.

If the alternate physician(s) are not located in the same office, where is his/her practice in relation to the PASA's practice setting? _____

_____

Termination:

We agree that if the delegation agreement is terminated, both the supervising physician and physician assistant-surgical assistant must notify the Department of Health in writing of that termination. WAC 246-918-055 states: "(8) Within thirty days of termination of the working relationship, the sponsoring physician or the physician assistant shall submit a letter to the commission indicating the relationship has been terminated."

We, the undersigned, hereby certify under penalty of perjury under the laws of the state of Washington that the foregoing information in the delegation agreement is correct to the best of our knowledge and belief. We further certify that we have reviewed the current statutes, rules, and regulations of Washington State pertaining to physician assistant-surgical assistants (**WAC 246-918-250** and **246-918-260**) and the practice description and understand our duties and responsibilities as outlined in **WAC 246-918**. **RCW 18.71A.050** states: "The supervising physician and physician assistant shall retain professional and personal responsibility for any act which constitutes the practice of medicine as defined in **RCW 18.71.011** when performed by the physician assistant."

Print Name	Signature of Physician Assistant-Surgical Assistant	Date
Print Name	Signature of Supervising Physician	Date
Print Name	Signature of Alternate Physician	Date

Not Applicable If Group Practice