Form Name:
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WMC Delegation Agreement
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#### **Delegation Agreement Introduction**

#### **Description Area**

Welcome to the Washington Medical Commission Delegation Agreement approval portal.Please use this free service to submit your agreement for same-day approval of your practice.Please remember to save your work as you progress through the form.

#### Standardized Procedures Reference and Guidelines

#### **Description Area**

Physician Assistant Supervision: Supervision of the physician assistant by the MD is the defining hallmark of PA practice. The primary supervisor and the physician assistant should agree upon a plan of supervision based on the physician assistant's training and experience. Specified record reviews and periodic performance evaluations should be part of that plan. Adjustments to the plan should reflect the physician assistant's on-going practice. Scope of Practice: PAs may only provide those services that they are competent to perform based on their education, training, and experience and which are consistent with this delegation agreement. The supervising MD(s) and the PA shall determine which procedures may be performed and the degree of supervision under which the PA performs the procedure. The supervising physician for any physician assistant must not allow that PA to practice in any area of medicine or surgery that is beyond the MD's own usual scope of expertise and practice. Prescriptive Authority: The PA must be registered with the DEA to prescribe controlled substance. This delegation agreement allows the PA to prescribe, to order, to administer and to dispense legend drugs and Schedule II-V controlled substances. If a supervising or alternate MD's prescribing privileges are restricted, the PA will be deemed similarly restricted. Responsibility: The supervising physician (MD) and physician assistant (PA) are both professionally and personally equally responsible for any act performed by the PA as it relates to the practice of medicine.

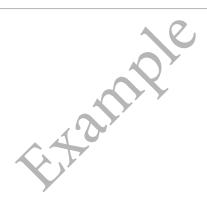
C.T.A.M

# Physician Assistant (PA) Information

Physician Assistant Name	John Doe
Physician Assistant Washington License Number	PA.001
What specialty or practice area will the PA practice under this agreement?	Family Medicine
Currently NCCPA Certified?	Yes
Certification number	1234567
PA Contact Information	
PA Email	PA@Webservice.com
PA Phone	360-000-0000
Description Area	
Do you need to terminate any previous delegation agreements?	No
Description Area	Please Note: On every page of this form you have the option to "Save and Resume Later" (see link below). Each time to use the Save and Resume Later link you get a special URL that will bring you back to the form without losing data. Because this is a long form, we suggest you use the Save and Resume Later link occasionally so you don't lose data before you submit the form.

# **Physician Information**

Sponsoring physician name	Dr. Linda
Washington state license number of the sponsoring physician	MD000000
What is the practice specialty of the sponsoring physician?	Family Medicine
Sponsoring physician email	Dr@gmail.com
Sponsoring physician phone	360-111-1111
Description Area	
Does the primary sponsoring physician have other active WMC approved delegation agreements?	Yes
Description Area	On the next page you will list the sponsoring physician's other WMC approved delegation agreements.



# Other active delegation agreements approved by the WMC for the primary sponsoring physician

Description Area	Name of PA
Description Area	Washington license number of the PA
Other PA Name 1	
Other PA license 1	
Description Area	If this delegation agreement is approved, will the primary sponsoring physician be party to agreements with more than five (5) PAs (including you)? It is important that the sponsoring physician understand their oversight responsibility, in addition to petitioning the WMC for a waiver when there are over five physician assistants for which they have oversight responsibilities.
Would the primary sponsoring physician be party to agreements with more than five (5) PAs?	No



#### **Agreement Type: Individual or Group**

Are you requesting a delegation agreement approval for:

An individual supervising physician (named previously).



#### **PA Practice**

Generally the scope of practice and duties

Evaluate and treat patients via telemedicine care.

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#### Sponsoring physician's primary practice site

Will the PA be practicing 25 percent of the time or more at the same site as the sponsoring physician?

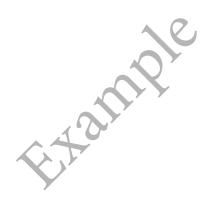
#### Remote site: At least ten percent of time

Is the PA requesting approval of remote No site practice where the sponsoring physician spends at least ten percent of the time at the site with the physician assistant?

E.Lample

#### Remote site: Less than ten percent of time

Is the physician assistant requesting approval of remote site practice where the sponsoring physician spends less than ten percent of the time at the site with the physician assistant?	Yes
How many remote sites?	1
Select one of the following to demonstrate remote site need	Other: Telemedicine
Indicate provision for timely communication between the sponsoring physician and the PA	Two way video Phone Instant Messenger service
Description Area	
Remote site address 1	1000 Wilson Ranch Place Cedar Park, WA 98501



# **Sponsoring Relationship**

Indicate the collaboration/sponsorship model to be used in this agreement

Collaboration Option 1

#### **Signatures**

Physician Assistant Name	Shilpa N Bhavsar	
Description Area		
Primary MD Name	Dr. Linda I Esquivel	
Description Area		

# **Submit Delegation Agreement**

Is your PA license pending approval?	No
You have completed all pages. Are you ready to submit the form?	Yes, I am ready to submit the Delegation Agreement form. The information in this agreement is accurate to the best of my/our knowledge and belief.
Description Area	Feel free to use the PREVIOUS and NEXT buttons to review your answers. Please note: This system will validate answers to ensure you answered all required questions. You may be required to return to previous pages to complete missing information.

