

Form Name: WMC Delegation Agreement  
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Approval Stamp

Example

## Delegation Agreement Introduction

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### 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.

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Example

## Standardized Procedures Reference and Guidelines

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### 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.

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Example

## Physician Assistant (PA) Information

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Physician Assistant Name John Doe

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Physician Assistant Washington License Number PA.001

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What specialty or practice area will the PA practice under this agreement? Family Medicine

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Currently NCCPA Certified? Yes

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Certification number 1234567

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## PA Contact Information

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PA Email PA@Webservice.com

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PA Phone 360-000-0000

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## Description Area

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Do you need to terminate any previous delegation agreements? No

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## 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.

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## Physician Information

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**Sponsoring physician name** Dr. Linda

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**Washington state license number of the sponsoring physician** MD000000

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**What is the practice specialty of the sponsoring physician?** Family Medicine

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**Sponsoring physician email** Dr@gmail.com

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**Sponsoring physician phone** 360-111-1111

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### Description Area

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**Does the primary sponsoring physician have other active WMC approved delegation agreements?** Yes

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**Description Area** On the next page you will list the sponsoring physician's other WMC approved delegation agreements.

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Example

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

<b>Description Area</b>	Name of PA
<b>Description Area</b>	Washington license number of the PA
<b>Other PA Name 1</b>	
<b>Other PA license 1</b>	
<b>Description Area</b>	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.
<b>Would the primary sponsoring physician be party to agreements with more than five (5) PAs?</b>	No

Example

**Agreement Type: Individual or Group**

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**Are you requesting a delegation  
agreement approval for:**

An individual supervising physician (named previously).

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Example

## PA Practice

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**Generally the scope of practice and duties**

Evaluate and treat patients via telemedicine care.

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Example



**Sponsoring physician's primary practice site**

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Will the PA be practicing 25 percent of the time or more at the same site as the sponsoring physician? No

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Example

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

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Is the PA requesting approval of remote site practice where the sponsoring physician spends at least ten percent of the time at the site with the physician assistant?

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Example

## Remote site: Less than ten percent of time

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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

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How many remote sites? 1

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Select one of the following to demonstrate remote site need Other: Telemedicine

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Indicate provision for timely communication between the sponsoring physician and the PA Two way video  
Phone  
Instant Messenger service

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### Description Area

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Remote site address 1 1000 Wilson Ranch Place Cedar Park, WA 98501

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Example

## Sponsoring Relationship

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

Collaboration Option 1

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Example

## Signatures

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**Physician Assistant Name**

Shilpa N Bhavsar

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**Description Area**

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**Primary MD Name**

Dr. Linda I Esquivel

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**Description Area**

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Example

## Submit Delegation Agreement

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**Is your PA license pending approval?**

No

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**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.

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**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.

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Example