

State Medical Board of Ohio

Physician Assistant Supervision Agreement Instructions

Read all instructions prior to completing and submitting this application

This application is to add a newly hired physician assistant to multiple supervising physicians who already have active supervision agreements.

What is an addendum to the Physician Assistant Supervision Agreement application?

This application is to be completed by the supervising physician and the physician assistant to add newly hired physician assistant to active supervision agreements.

Who is required to complete an addendum to the Physician Assistant Supervision Agreement application?

This application must be completed by every physician who has an active supervision agreement and wishes to add another physician assistant to his/her agreement regardless of whether that physician assistant will be utilized in an office setting or a health care facility.

How will I know that a supervision agreement has been approved?

Once a supervision agreement is approved by the Board the supervision agreement number will appear on the Board's website at MED.OHIO.GOV.

Verification via the website constitutes notification of approval of a supervision agreement.

Where can I obtain my supervision agreement number?

Supervision agreement numbers appear on the Board's website at MED.OHIO.GOV under the licensee profile and status option. Once you get to the license search page under the "profession/institution" select the "41" which denotes the supervision agreement, under the "business name" type in the Physicians last name only and hit the search button. When the search reveals the physicians name and the practice it will give you a number that starts with a 41, i.e. 41.0000. This is the supervision agreement number that you need to indicate for the supervising physician. Please note that each supervising physician has his/her own supervision agreement number. Do not use the SUPV. numbers.

What is a certificate to practice number?

This is the physician assistants license number as issued by the State Medical Board Of Ohio. Certificate to practice numbers appear on the Board's website at MED.OHIO.GOV under the licensee profile and status option. Once you get to the license search page under the "profession/institution" select the "50" which denotes the physician assistant, under the "name" type in the Physicians last name and hit the search button. When the search reveals the physicians assistants name it will give you a number that starts with a 50, i.e. 50.0000. This is the certificate to practice number that you need to indicate for the physician assistant on this application. Please note that each physician assistant has his/her own certificate to practice number.

Is there a fee for this form?

No.

Where do I send this form?

State Medical Board of Ohio * 30 E. Broad St. 3rd Floor * Columbus, Ohio 43215



ADDENDUM TO THE PHYSICIAN ASSISTANT SUPERVISION AGREEMENT APPLICATION

Multiple Supervising Physicians to one Physician Assistant

Mail completed application to:
State Medical Board of Ohio
30 East Broad Street, Third Floor
Columbus, Ohio 43215

APPLICATION INSTRUCTIONS

Complete this form if you have an existing Physician Assistant Supervision Agreement and want to add an additional Physician Assistant to the Agreement. There is no fee for this application.

AFFIDAVIT OF SUPERVISING PHYSICIAN SIGNATURE SHEET

I agree that I will supervise any physician assistant(s) listed in this "Addendum to the Physician Assistant Supervision Agreement" in accordance with Section 4730.21, Ohio Revised Code, upon approval of the State Medical Board.

Physician Name (Please print):

Supervision agreement number

Physician signature:

Date:

Physician Name (Please print):

Supervision agreement number

Physician signature:

Date:

Physician Name (Please print):

Supervision agreement number

Physician signature:

Date:

Physician Name (Please print):

Supervision agreement number

Physician signature:

Date:

PHYSICIAN ASSISTANT AFFIDAVIT

I (we) have read and agree to perform only those duties as outlined in the Physician Supervisory Plan, submitted by the above signed Supervising Physician(s) and as approved by the State Medical Board or the policies of the health care facility listed in the original application.

Physician assistant signature *Ohio Certificate to Practice Number*
Ohio Certificate to Prescribe number (if applicable) _____

Date