Plan of Supervision Instructions:

1. Plan of Supervision is to be completed with the application.
2. This form must be utilized with all sections completed (use N/A for any section that does not apply).
3. This form is required in accordance with the supervisory requirements identified in Chapter 2, Section 6.C. & D. of the rules of Maine Board of Osteopathic Licensure.

Maine Board of Osteopathic Licensure

PHYSICIAN ASSISTANT/PRIMARY SUPERVISING PHYSICIAN

WRITTEN PLAN OF SUPERVISION

I. Practice Setting and Scope of Practice:

Please provide a brief description of the practice setting, the types of patients and patient encounters common to this practice, and a general overview of the role of the Physician Assistant in the practice.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

II. Supervision

A. Supervisory Arrangements:

Please describe the relationship of, and access to, the primary supervising physician. Provide an explanation of the mechanisms for on-site and off-site physician supervision and communication.

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B. Coverage:

Please provide a description of supervision when the primary supervising physician is not available.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
C. Will the PA be performing medical care tasks which are outside the normal practice of the primary supervising physician? Yes_______ No _______

If yes, please define and identify the supervisory arrangements that have been delegated by the supervising physician to assure appropriately trained supervision.

____________________________________________________________________________________
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III. Performance Evaluation

Please describe the mechanisms and process of the evaluation of the PAs medical care, including the frequency of meetings between the PA and the Primary Supervising Physician to discuss clinical issues.

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____________________________________________________________________________________
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IV. Chart Review

Please describe the chart review process of the primary supervising physician, including frequency and percentage of charts to be reviewed.

____________________________________________________________________________________
____________________________________________________________________________________
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V. Attestation: We have reviewed and agree to the content of this form.

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<tr>
<th>Name of Physician Assistant</th>
<th>License Number</th>
<th>Date</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Name of Supervising Physician</td>
<td>License Number</td>
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<tr>
<td>Name of Secondary Supervisor</td>
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