

# Louisiana State Board of Medical Examiners

- Physician Assistant - Notice of Intent to Practice
- Supervising Physician - Delegation of Prescriptive Authority  
(June 2017)

PA Name: \_\_\_\_\_ PA#: \_\_\_\_\_

Areas of practice relevant to PA activities: (i.e. Ortho, ED, Urgent Care, Surgery): \_\_\_\_\_

List all practice locations including clinic/hospital names: \_\_\_\_\_

## • Notice of Intent to Practice **CHECK ONE BOX ONLY**

1. Make this SP my ☐ Primary or ☐ Locum Tenens
2. Change this SP from ☐ Primary to Locum Tenens or ☐ Locum Tenens to Primary

SP Name: \_\_\_\_\_ SP#: \_\_\_\_\_ MD#: \_\_\_\_\_

- PA must have at least one board approved P-SP.
- A SP can be a P-SP for no more than 4 PAs, but can be LT-SP for an unlimited number of PAs.
- Physicians not registered as a SP must submit a "Registration as a Supervising Physician" application.

## • Delegation of RX Authority - MUST BE COMPLETED BY SUPERVISING PHYSICIAN

**CHECK  
ONE  
BOX  
ONLY**

1. ☐ Legend/Medical Devices
2. ☐ Legend/Medical Devices and CDS 5
3. ☐ Legend/Medical Devices and CDS 4, 5
4. ☐ Legend/Medical Devices and CDS 3, 4, 5
5. ☐ Legend/Medical Devices and CDS 2 (narcotics), 3, 4, 5
6. ☐ Legend/Medical Devices and CDS 2 (narcotics), CDS 2N (stimulants), 3, 4, 5

In signing this application the Supervising Physician and Physician Assistant acknowledge/certify that:

- The SP and PA have read the rules relating to delegation of prescriptive authority as found in [LAC 46 XLV. §1521.A.5.](#) and [§4506.](#)
- The SP has personally delegated prescriptive authority for the named prescriptive categories to the PA noted on this application.
- The SP and PA will adhere to practice guidelines in conformance with [LAC 46 XLV §1521.A.5.](#) relating to the use of prescriptive authority which will include a description of the manner and circumstances in which the SP has authorized the PA to utilize prescriptive authority per LAC 46 XLV §1527 A.3.
- Practice guidelines are to be produced upon request per §4511 B.
- The PA-SP will develop and implement a meaningful performance plan per §4512.
- All information, representations and documents contained in or submitted with the application are truthful and authentic.

SP Signature \_\_\_\_\_ Date \_\_\_\_\_

PA Signature \_\_\_\_\_ Date \_\_\_\_\_

PA Email Address \_\_\_\_\_ PA Cell Number \_\_\_\_\_

Submit completed form to LSBME via fax: (504) 568-6823 OR mail: 630 Camp St., New Orleans, LA 70130 (not both).



Approval can be verified on the LSBME website ([www.lsbme.la.gov](http://www.lsbme.la.gov)). Click on Verify a License.

BELOW IS FOR LSBME USE ONLY

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_