



WYOMING BOARD OF MEDICINE GROUP SUPERVISING APPLICATION

SECTION A. IDENTIFYING INFORMATION:

1. Application as Primary Supervisors for a total of _____ physician assistants
(# of PAs)
 and total of _____ physicians.
(# of primary physicians)

The medical specialty(s) is/are:

Name(s) of Physician Assistant(s) Supervised:

(names of physician assistants)

2. Supervising Physicians Names and License Numbers:

Practice Address: _____
(Street)

(City)

State)

(Zip)

(Phone)

3. Physician Assistant Practice Address: _____
(Name)

(Street)

(City)

(State)

(Zip)

(Phone)

SECTION B. EMPLOYMENT INFORMATION:

4. Where do you intend to utilize the physician assistant?
Hospital____ Office _____ Satellite Clinic____ Clinic____
Other (please specify):

5. Please provide a detailed description of supervision for this PA i.e. discuss personal contact, telecommunications, chart review, etc.

6. Have you and the other supervising physician/s coordinated your supervisory plans?

7. Describe scope of practice and the way in which physician assistant will be utilized. Describe call schedule, chart review, prescribing protocols, patient population and type of practice (i.e., urgent care family practice, women's health, emergency room, surgery, etc.)

8. Do you supervise other physician assistants? Yes_____ No_____
If yes, please list PA s' names:

(If you recently relocated to Wyoming have you supervised PA s in another state?)

9. Duties as delineated here: _____
