

Covering Physician Agreement

To: Alabama Board of Medical Examiners

As a covering (back-up) physician providing supervision for Physician Assistant _____,

P. A., by signing this document, I hereby affirm that:

1. I am familiar with the current rules regarding Physician Assistants;
2. I am familiar with the job description filed by _____, M.D./D.O. (primary sponsoring physician), and _____, P. A., RA# _____;

3. I will be accountable for adequately supervising the medical care rendered pursuant to the job description; and

4. I will approve the drug type, dosage, quantity and number of refills of legend drugs which the assistant is authorized to prescribe in the job description.

When the primary supervising physician is not immediately available to respond to patient medical needs, the physician assistant is not authorized to perform any act or render any treatments unless another qualified physician **in the same partnership, group, medical professional corporation or physician practice foundation or with whom the primary supervising physician shares call is on call and is immediately available to supervise the physician assistant** and has previously filed with the Board this letter stating that he or she assumes all responsibility for the actions of the physician assistant during the temporary absence of the primary supervising physician.

I will assume all responsibility for the actions of the assistant during the temporary absence of the primary supervising physician.

Relationship with primary supervising physician: **(CHECK ONE BELOW)**

- Partnership Professional Group
 Medical Professional Corporation Physician Practice Foundation
 Physician sharing call

Medical specialty of covering physician _____

Print Physician name _____

License number _____

Physician signature _____

Date _____

Covering physician's telephone number _____ Fax _____

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.