

SKILLS PROTOCOL TEMPLATE
(Attach additional pages if necessary)

PA NAME:
License Number:
Email Address:
Supervising Physician:
License Number:
Email Address:
Practice Specialty of Physician:

Practice Site:

Procedure Name:

Purpose of Procedure:

Description of Procedure (Give comprehensive details including technique used, energy device to be used if applicable:
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Medications to be injected if applicable:

Contraindications /Limits (for allowing Mid-Level practitioner to perform the procedure):

Plan for Supervised Practice:

Plan for Physician Availability:

Plan for Quality Assurance/Adverse Outcome review:
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Supervising Physician: (Print Name): _____

Signature: _____ Date: _____

PA (Print Name): _____

Signature: _____ Date: _____