



## Physician Assistant Delegation of Services Agreement

A Delegation of Services Agreement outlining the authorized services to be performed by the PA when acting under the Supervising Physician will be approved by the Supervising Physician and Physician Assistant. A copy of the agreement is kept in the credentialing files of the Supervising Physician and PA.

At all times, the Supervising Physician must be physically or electronically available to the PA for consultation, except in emergency situations. In cases of emergency, the PA, to the extent permitted by the laws relating to license or certificate involved, may render emergency services to a patient pending establishment of contact with the Supervising Physician.

**Physician Assistant's Name:** \_\_\_\_\_

**Group Name:** \_\_\_\_\_

**Tax ID Number:** \_\_\_\_\_

**Practice Address:** \_\_\_\_\_

\_\_\_\_\_

**Services to be performed:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If additional space is needed please attach

\_\_\_\_\_  
**Physician Assistant's Signature**

\_\_\_\_\_  
**Supervising Physician's Signature**

\_\_\_\_\_  
**Physician Assistant's Printed Name**

\_\_\_\_\_  
**Supervising Physician's Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**