

Physician Assistant Name

South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Medical Examiners

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Adding Alternate Physicians Form for Physician Assistants

Signature

License Number

Date

Primary Supervising Physician Name	Signa	ture	License Number	Date
Practice Name and Address:				
Please add the following physicians a more than ten alternate supervising pl				isted above. If adding
Alternate Physician's Name	License #	Signatu	ıre	Date Signed
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Please keep a copy for your records and provide a copy to your supervising and alternate supervising physicians.