



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Medical Examiners
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 llr.sc.gov/med

SUPERVISORY AGREEMENT

Primary Supervising Physician Name: _____ License No.: _____

Physician Assistant Name: _____ License No.: _____

PRIMARY SUPERVISING PHYSICIAN ATTESTATION

I hereby agree to become the primary supervising physician for the above named physician assistant.

I understand as a supervising physician I must not practice in a situation in which the number of NPs, CNMs, or CNSs providing clinical services with whom I am working, combined with the number of PAs providing clinical services whom I am supervising, is greater than six individuals at any one time, provided, however, that the board may approve an exception to these requirements upon application by me, if the board determines that an exception is warranted and that quality of care and patient safety will be maintained.

I understand as the supervising physician that I bear the ultimate professional and legal responsibility for the practice and conduct of the physician assistant.

I understand I must notify the SC Medical Board, in writing, if this supervisory relationship changes.

I understand I must practice, above all, in accordance with the South Carolina Medical Practice Act and Regulations of the South Carolina Medical Board and other federal and state laws.

 Signature of Primary Supervising Physician

 Date

PHYSICIAN ASSISTANT ATTESTATION

I understand I may only perform a medical act, task or function that is listed and approved on the scope of practice guidelines.

If a supervisory relationship is terminated, a current alternate supervising physician for the PA may serve as a supervising physician under the existing scope of practice guidelines for a period not to exceed 90 days until a new supervising physician is designated and new scope of practice guidelines are approved.

I understand I must notify the SC Medical Board, in writing, if this supervisory relationship changes.

I understand I must practice, above all, in accordance with the South Carolina Medical Practice Act and Regulations of the South Carolina Medical Board and other federal and state laws.

 Signature of Physician Assistant

 Date