



SCOPE OF PRACTICE GUIDELINES UPDATE (REQUIRED)

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Primary Supervising Physician Name: (Print) _____ License No.: _____

Primary Supervising Physician Signature: _____ Date: _____

Physician Assistant Name: (Print) _____ License No.: _____

Physician Assistant Signature: _____ Date: _____

I. Level of Prescriptive Authority Authorized by Primary Supervising Physician

- None Non-Controlled Substance Only Controlled Substances
 (Schedule 2 Schedule 3-5)

[If you are seeking Controlled Substance Prescriptive Authority, please apply directly to DHEC]

S.C. Department of Health and Environmental Control, Bureau of Drug Control, P.O. Box 100103, Columbia, SC 29202-3103. [803-896-0634]. You must also complete the DHEC and DEA Controlled Substances Registration application located at www.scdhec.gov/scripts under New Registrations prior to prescribing controlled substances.

II. Medical Acts Authorized by Primary Supervising Physician

Provide non-controlled prescription drugs at an entity that provides free medical care for indigent patients. Yes No

Certify that a student is unable to attend school but may benefit from receiving instruction given in his home or hospital. Yes No

Refer a patient to physical therapy for treatment. Yes No

Pronounce death, certify the manner and cause of death, and sign death certificates pursuant to the provisions of Chapter 63, Title 44 and Chapter 8, Title 32. Yes No

Issue an order for a patient to receive appropriate services from a licensed hospice as defined in S.C Code Chapter 71, Title 44. Yes No

Certify that an individual is handicapped and declare that the handicap is temporary or permanent for the purposes of the individual's application for a placard. Yes No

Execute a Do Not Resuscitate Order [DNR] pursuant to the provisions of Chapter 78, Title 44. Yes No

Execute physician orders for Scope of Treatment (POST) forms if specifically authorized to do so in their scope of practice guidelines. Yes No

III. Delegation of Tasks to Unlicensed Assistive Personnel Authorized by Primary Supervising Physician

- Meeting patient needs for personal hygiene
- Meeting patient needs relating to nutrition
- Meeting patient needs relating to ambulation
- Meeting patient needs relating to elimination
- Taking vital signs
- Maintaining asepsis
- Observing, recording, and reporting any of the above tasks

Yes No

- Sign specified documents on behalf of their supervising physician or alternate supervising physicians if authorized to do so in their scope of practice guidelines. Please indicate below which forms the PA may complete on behalf of the supervising or alternate physician:

Yes No

IV. Off-Site Practice Waiver

Supervising Physician waives the 60-day requirement, or portion thereof for off-site practice. Yes No

Number of days if less than 60 days: _____ Not Applicable

Note: A PA who has less than two years continuous practice or who is changing specialties may not practice at a location off site from the supervising physician until the PA has sixty days clinical experience on-site with the supervising physician. The supervising physician or alternate must review, initial, and date the offsite physician assistant's charts periodically as specified in the written scope of practice guidelines to ensure quality of care and patient safety.

V. Chart Review for Off-Site Practice

Percentage of charts the Supervising Physician will review: _____ % Not Applicable

Note: The supervising physician must review, initial, and date the off-site PA's charts as specified in the scope of practice guidelines by the supervising physician to ensure quality of care and patient safety. The specific requirement for monthly review of at least 10% of the off-site PA's charts is eliminated.

VI. Telemedicine

Do you intend to practice telemedicine under this scope of practice? Yes No

Supervising Physician Initial: _____

Physician Assistant Initial: _____