



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Medical Examiners**  
 110 Centerview Dr. • Columbia • SC • 29210  
 P.O. Box 11289 • Columbia • SC • 29211  
 Phone: 803-896-4500 • Medboard@llr.sc.gov • Fax: 803-896-4515  
 llr.sc.gov/med

**PA SCOPE OF PRACTICE ADDENDUM FORM  
 (Delegation of Tasks to SCCMA)**

Supervising Physician Name: (Print) \_\_\_\_\_ License No.: \_\_\_\_\_  
 Supervising Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 PA Name: (Print) \_\_\_\_\_ License No.: \_\_\_\_\_  
 PA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A physician or physician assistant may delegate specified tasks to a medical assistant who has been certified in accordance with South Carolina law (hereinafter “SCCMA”) pursuant to the following requirements:

- (1) the task must be delegated directly to the SCCMA by the physician or physician assistant;
- (2) the task must be performed when the physician or physician assistant delegating the task is in such close proximity as to be immediately available to the SCCMA if needed;
- (3) the physician or physician assistant delegating the task must determine that the task is within the training and competency of the SCCMA and will not pose a significant risk to the patient if improperly performed;
- (4) the task must not involve the verbal transmission of an order or prescription to a licensed person if the licensed person requires the order or prescription to be in writing; and
- (5) the SCCMA must wear an appropriate badge identifying the SCCMA’s status, which must be clearly visible to the patient at all times.

**Authorized tasks that can be delegated to Certified Medical Assistants with appropriate training**

- |  |  |
|--|--|
| Point of Care Testing<br>(ex: strep test, flu swab, urine dip, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Entering Verbal Orders   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Preparation and Administering Vaccines                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Administering In-Clinic Medications                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Straight Needle Blood Draw   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Performing Basic Labs  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Performing Screening Tests<br>(ex: EKG, vision, hearing, etc.)       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Removing Sutures and Changing Dressings

Yes  No

Performing Non-Clinical Tasks via Telemedicine

Yes  No

Administering Allergy Tests

Yes  No

Entering Prescription Refills

Yes  No

Responding to Patient Phone Calls and Messages

Yes  No

Other: \_\_\_\_\_

Yes  No