

PRIMARY PHYSICIAN SUPERVISOR REGISTRATION FORM

Colorado Medical Board
1560 Broadway, Suite 1350, Denver, CO 80202; (303) 894-7800 / FAX (303) 894-7692

This form is to be completed and forwarded to the Colorado Medical Board upon the formation of a supervisory relationship between a primary physician supervisor and a physician assistant in conformance with Board Rule 400, Licensure of and Practice by Physician Assistants. Secondary supervisors are not required to register with the board.

CHECK ONE:

- New registration of a primary physician supervisor (check if you are a first-time PA to Colorado).
- Change of primary physician supervisor, replacing Dr. _____ .
- Additional primary physician supervisor (check if you are working for more than one employer).

SECTION 1—To be completed by Physician Assistant

| | | | |
|---|--------|---------|---------|
| Physician Assistant Name: Last: | First: | Middle: | Suffix: |
| Colorado License Number: | | | |
| Practice Address: PO Box, Street: City, State, Zip: | | | |

By my signature, I certify that I have reviewed Board Rule 400 regarding Licensure of and Practice by Physician Assistants. I understand that I must comply with this rule as well as all rules and statutes of the Colorado Medical Board when practicing as a physician assistant in Colorado.

I understand that this primary physician supervisor/physician assistant relationship remains in effect until rescinded in writing to the Board by either party. If rescinded, I further understand I may not practice as a physician assistant until a new primary physician supervisor has been properly registered with the Board.

Signature of Physician Assistant

Date

SECTION 2—To be completed by the Primary Physician Supervisor

| | | | |
|---|--------|---------|---------|
| Primary Supervising Physician Name: Last: | First: | Middle: | Suffix: |
| Colorado License Number: | | | |
| Practice Address: PO Box, Street: City, State, Zip: | | | |

By my signature, I certify that I have reviewed Board Rule 400 regarding Licensure of and Practice by Physician Assistants. I understand that I must comply with this rule as well as all rules and statutes of the Colorado Medical Board when practicing as a physician and serving as a Primary Physician Supervisor in Colorado.

I understand that this primary physician supervisor/physician assistant relationship remains in effect until rescinded in writing to the Board by either party.

I understand that I may not be the "primary physician supervisor," as described in the rules, for more than four physician assistants, unless I have requested and been granted a specific waiver of this provision of the rule. I understand that I may be a secondary physician supervisor for physician assistants other than those for whom I am the primary physician supervisor. However, I may supervise **only four physician assistants at one moment in time.**

Signature of Primary Physician Supervisor

Date