

PRIMARY SUPERVISOR REGISTRATION FORM

Colorado Podiatry Board

1560 Broadway, Suite 1300, Denver, CO 80202; (303) 894-7719 / FAX (303) 894-7692

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

CHECK ONE OF THE FOLLOWING:

- This is a new registration of a primary supervisor (check this if you are a first time PA to Colorado)
- This is a change of primary supervisor, replacing Dr. _____.
- This is an additional primary supervisor (check this if you are working for more than one employer.)

SECTION 1: To be completed by Physician Assistant

Name of Physician Assistant: _____
(Type or Print Legibly)

Colorado License Number: _____

Practice Address	City	State	Zip
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By my signature, I certify that I have reviewed Medical Board Rule 400 and Podiatry Board Rule 400 regarding Licensure of and Practice by Physician Assistants. I understand that I must comply with these rules as well as all rules and statutes of the Colorado Medical and Podiatry Boards when practicing as a physician assistant in Colorado. I understand that the requirements under Podiatry Board Rule 400 are different than the requirements under Medical Board Rule 400 for a physician assistant practicing under the supervision of a podiatrist rather than an MD or DO.

I understand that this primary supervisor/physician assistant relationship remains in effect until rescinded in writing to the Board by either party. If rescinded, I further understand I may not practice as a physician assistant until a new primary supervisor has been properly registered with the Board.

Signature of Physician Assistant

Date

SECTION 2: To be completed by the Primary Supervisor

Name of primary supervisor: _____
(Type or Print Legibly)

Colorado License Number: _____

Practice Address	City	State	Zip
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By my signature, I certify that I have reviewed Medical Board Rule 400 and Podiatry Board Rule 400 regarding Licensure of and Practice by Physician Assistants. I understand that I must comply with these rules as well as all rules and statutes of the Colorado Medical and Podiatry Boards when practicing as a podiatrist and serving as a primary supervisor of a physician assistant in Colorado. I understand that the requirements under Podiatry Board Rule 400 are different than the requirements under Medical Board Rule 400 for a physician assistant practicing under the supervision of a podiatrist rather than an MD or DO.

I understand that this primary 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 supervisor," as described in the rules, for more than two 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 supervisor for physician assistants other than those for whom I am the primary supervisor. However, I may supervise **only two physician assistants at one moment in time.**

Signature of Primary Supervisor

Date