



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243

COMMITTEE ON PHYSICIAN ASSISTANTS
(800) 778-4123, ext. 24384 or (615) 532-3202, ext. 24384

SUPERVISING PHYSICIANS

This section must be completed by the supervising physician(s).
(This page may be duplicated if necessary)

List all practice settings:

1) **Setting:**

Supervising Physician Signature

Printed Name

Address

Tennessee Medical License Number

2) **Setting:**

Supervising Physician Signature

Printed Name

Address

Tennessee Medical License Number

3) **Setting:**

Supervising Physician Signature

Printed Name

Address

Tennessee Medical License Number

4) **Setting:**

Supervising Physician Signature

Printed Name

Address

Tennessee Medical License Number

ATTACHMENT 5

**TENNESSEE BOARD OF MEDICAL EXAMINERS'
COMMITTEE ON PHYSICIAN ASSISTANTS**

AUTHORIZATION FOR PRESCRIBING FOR PHYSICIAN ASSISTANTS

Supervising Physician

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Field of Practice _____

Medical License Number _____

Physician Assistant

Field of Practice _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ TN License Number _____

Check the class of drugs you desire to delegate:

- | | |
|--|---|
| _____ Analgesics | _____ Enzymes |
| _____ Anesthetics | _____ Expectorants and Cough Preparations |
| _____ Antihistamines | _____ Eye, Ear, Nose, and Throat Preparations |
| _____ Anti-infective Agents | _____ Gastrointestinal Drugs |
| _____ Anti-inflammatory Agents | _____ Hormones and Synthetic Substitutes |
| _____ Anti-neoplastic Agents | _____ Hyperglycemic Agents |
| _____ Antispasmodics and Anticholinergics | _____ Migraine Preparations |
| _____ Antivirals | _____ Muscle Relaxant Preparations |
| _____ Arthritis Medications | _____ Narcotic Antagonists |
| _____ Autonomic Drugs | _____ Oxytocics |
| _____ Blood Derivatives | _____ Psychotropics |
| _____ Blood Formation and Coagulation | _____ Serum, Toxoids, and Vaccine |
| _____ Birth Control Drugs and Devices | _____ Skin and Mucous Membrane Preparations |
| _____ Bronchodilators/Anti-asthma Drugs | _____ Smoking Cessation Aids |
| _____ Cardiovascular Drugs | _____ Smooth Muscle Relaxants |
| _____ Central Nervous system Drugs | _____ Spasmolytic Agents |
| _____ Contraceptives | _____ Sympathomimetics and Combination |
| _____ Diabetic Agents | _____ Vitamins |
| _____ Diagnostic Agents | _____ Unclassified Therapeutic |
| _____ Decongestants | _____ Other _____ |
| _____ Electrolytic, Caloric, and Water Balance | _____ |
| | _____ |

Check the type **and** schedule of controlled drugs you desire to delegate:

<u>Type</u>	<u>Schedule II</u>	<u>Schedule III</u>	<u>Schedule IV</u>	<u>Schedule V</u>
_____ None	_____	_____	_____	_____
_____ Barbiturates	_____	_____	_____	_____
_____ Benzodiazepines	_____	_____	_____	_____
_____ Depressants	_____	_____	_____	_____
_____ Narcotics	_____	_____	_____	_____
_____ Stimulants	_____	_____	_____	_____
_____ Other (Please List)	_____	_____	_____	_____
	_____	_____	_____	_____

I, _____ MD/DO, License Number _____
Please print

do hereby delegate the above prescribing authority to _____ PA of whom I am the supervising physician and will assume the responsibility according to TCA §63-19-107.

I, _____ PA do hereby accept the delegated function of prescribing authorization and will utilize it as such according to TCA §63-19-107.

Signature of Physician Assistant Date

Signature of Supervising Physician Date