

**ALTERNATE SUPERVISING PHYSICIAN  
DESIGNATION INFORMATION**

**A PHYSICIAN MAY SUPERVISE AS AN ALTERNATE SUPERVISING PHYSICIAN IF:**

1. The alternating supervising physician supervises in accordance with a delegation agreement approved by the Board;
2. The alternate supervising physician supervises NO MORE than four physician assistants at any one time, except in a hospital, correctional facility, detention center, or public health facility;
3. The period of supervision, in the absence of the primary supervising physician, DOES NOT exceed the lesser of:
  - a. The period of time specified in the delegation agreement; or
  - b. A period of 45 consecutive days at any one time; and
4. The physician assistant performs ONLY those medical acts that;
  - a. Have been delegated under the delegation agreement filed with the Board; and
  - b. Are within the scope of practice of the primary supervising physician or the alternate supervising physician.

**Hospitals, Correctional Facilities, Detention Centers, or Public Health facilities**

The primary supervising physician may designate alternate supervising physicians by:

1. Keeping an ongoing list of all approved alternate supervising physicians on file at all practice sites;
2. Including each alternate supervising physician's scope of practice; and
3. Having each alternate supervising physician sign and date the list.

The list must be kept up-to-date with additions and terminations of alternate supervising physicians. The list must also be provided upon request in writing, during business hours, to representatives of the Board or the Office of Health Care Quality.

**In Practice Settings Other Than A Hospital, Correctional Facility, Detention Center or Local  
Public Health Facility**

Primary supervising physicians (PSPs), in a practice setting other than a hospital, correctional facility, detention center or local public health facility, may designate an ASP by completing Appendix A2 or submitting a letter and/or spreadsheet listing the name and license number of the physician assistant and the names and license numbers of each designated ASP. The PSP must attest that the ASPs are aware that they are responsible for supervising the PA in the absence of the PSP.

**In the event of a sudden departure, incapacity, or death of a primary supervising physician, a designated alternate supervising physician may assume the role of the primary supervising physician by submitting a new delegation agreement to the Board within 15 days.**

**MARYLAND BOARD OF PHYSICIANS**

**P.O. BOX 2571**

**BALTIMORE, MD 21215**

*www.mbp.state.md.us*

**DESIGNATED ALTERNATE SUPERVISING PHYSICIAN FORM**

**FOR SETTINGS OTHER THAN A HOSPITAL, CORRECTIONAL FACILITY,  
DETENTION CENTER, OR PUBLIC HEALTH FACILITY**

**Instructions:** Primary supervising physicians, complete, sign and mail the form to the address above. Be sure to include the names and license numbers of the physician assistant and each designated alternate supervising physician (ASP)

<b>Name of Physician Assistant:</b>	<b>Physician Assistant License Number:</b>
-------------------------------------	--

**ALTERNATE SUPERVISING PHYSICIAN INFORMATION**

<b>Name</b>	<b>License Number</b>	<b>Scope of Practice</b>

**Primary Supervising Physician Affirmation:**

I certify that I have designated the above named alternate supervising physicians and they accept the responsibility of supervising the physician assistant named above in my absence and in accordance with the delegation agreement on file with the Maryland Board of Physicians.

\_\_\_\_\_  
Primary Supervising Physician's Name (Print Legibly)

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Primary Supervising Physician's **Original** Signature

\_\_\_\_\_  
Date