



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

COMMITTEE ON PHYSICIAN ASSISTANTS
(800) 778-4123, ext. 532-4384 or (615) 532-3202, ext. 532-4384

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
Anesthetics
Antihistamines
Anti-infective Agents
Anti-inflammatory Agents
Anti-neoplastic Agents
Antispasmodics and Anticholinergics
Antivirals
Arthritis Medications
Autonomic Drugs
Blood Derivatives
Blood Formation and Coagulation
Birth Control Drugs and Devices
Bronchodilators/Anti-asthma Drugs
Cardiovascular Drugs
Central Nervous system Drugs
Contraceptives
Diabetic Agents
Diagnostic Agents
Decongestants
Electrolytic, Caloric, and Water Balance

- Enzymes
Expectorants and Cough Preparations
Eye, Ear, Nose, and Throat Preparations
Gastrointestinal Drugs
Hormones and Synthetic Substitutes
Hyperglycemic Agents
Migraine Preparations
Muscle Relaxant Preparations
Narcotic Antagonists
Oxytocics
Psychotropics
Serum, Toxoids, and Vaccine
Skin and Mucous Membrane Preparations
Smoking Cessation Aids
Smooth Muscle Relaxants
Spasmolytic Agents
Sympathomimetics and Combination
Vitamins
Unclassified Therapeutic
Other

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

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

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

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

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

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

Signature of Supervising Physician Date

Signature of Supervising Physician Date

Signature of Supervising Physician Date