CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

BOARD OF MEDICAL LICENSURE AND DISCIPLINE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

PRESCRIPTIVE AUTHORITY - STATEMENT OF SUPERVISING PHYSICIAN

Instructions: Arrange for *each* supervising physician you listed on your application or in the service request to complete this *Statement of Supervising Physician* form. You must **upload** each completed form *before* you submit your application or service request in DELPROS.

APPLICANT INFORMATION

1. Applicant Name: _____ _____ _____
   Last   First   Middle

SUPERVISING PHYICIAN INFORMATION – The supervising physician completes this section.

2. Name of Supervising Physician: _____

3. Delaware Physician License Number: **C** ____-_____   4. Specialty: _____

5. DEA Numbers :_____ _____
   Federal   Delaware

6. Which controlled substance schedules are you authorized to prescribe? ☐ II   ☐ III   ☐ IV   ☐ V

7. Which controlled substance schedules is the Physician Assistant applicant authorized to prescribe *under your supervision*? ☐ II   ☐ III   ☐ IV   ☐ V

8. Are you delegating authority to the Physician Assistant applicant to request and issue professional samples of controlled legend medications? Yes ☐ No ☐

   As the supervising physician, you remain ultimately responsible for prescribing, dispensing and storing the controlled substances even though you are delegating authority to the PA.

9. As the supervising physician, I understand that I may not at any given time supervise more than *four* physician assistants, unless a regulation of the Board increases or decreases the number (24 *Del C.* §1771(f)). Yes ☐

10. How many Physician Assistants do you currently supervise? _____

11. I understand that I must promptly notify the Board of Medical Licensure and Discipline of any change in supervising physician(s) or schedule(s) authorized. Yes ☐

Signature of Supervising Physician: _____ Date: _____

UPLOAD THIS COMPLETED FORM WHEN YOU SUBMIT YOUR APPLICATION OR SERVICE REQUEST.