This notice is to introduce a revised Delegation of Services (DOS) Agreement. The Idaho State Board of Medicine took note of the length of time to receive and process the DOS agreements and determined that it could streamline the process and improve the turnaround time for our Supervising Physicians and Physician Assistants. There is no action required for DOS Agreements currently on file with the Board of Medicine or currently “in process”.

The DOS is a written document mutually agreed upon and signed and dated by the Supervising Physician and Physician Assistant that defines the working relationship and delegation of duties between the Supervising Physician and the Physician Assistant as specified by Board Statute (Idaho Code 54-1807A) and Rule IDAPA 22.01.03.030:

• **03. Supervising Physician.** Each licensed physician assistant and graduate physician assistant shall have a Board-approved supervising physician prior to practice.

• **04. Delegation of Services Agreement.** Each licensed physician assistant and graduate physician assistant shall maintain a current copy of a Board-approved Delegation of Services (DOS) Agreement between the licensee and each of his supervising and alternate supervising physicians.

**PROCEDURE CHANGES**

1. We have eliminated the essay portions of our agreement and have added a more detailed Affidavit for the Primary Supervising Physician. The Affidavit needs to be completed and signed and notarized by the Primary Supervising Physician. If there is also an Alternate Supervising Physician, (not required but recommended), the Alternate Supervising Physician needs to sign the Affidavit page.

2. We are requesting completion of the specialty and the type of practice being performed by the physician assistant. This specialty should mirror the Supervising Physician’s specialty attested to in statement #5. Circle the type of practice and write it in if not one of the choices listed.

3. The Physician Assistant shall list all practice sites and addresses where he/she will be supervised by the Supervising Physician identified. Suite numbers shall be required if the practice sites are not in the same location.

4. The new forms are available on our website under the Physician Assistant Practice Forms link and should be used effective immediately. https://bom.idaho.gov/BOMPortal/BoardAdditional.aspx?Board=PAC&BureauLinkID=100 Previous versions of the Delegation of Service Agreement forms will not be accepted after January 31, 2020.

5. Board licensing staff will review the documents for the following:
   a. Completion of the forms, this includes signatures, dates, license numbers, notary signatures
   b. Verification of no more than 4 Physician Assistants per Primary Supervising Physician
   c. Verification of current license of Primary Supervising and/or Alternate Physician and Physician Assistant

6. Once the forms have been verified, an acknowledgement of receipt email will be sent to the licensee and/or sender of the Practice change forms. NOTE: If the form is not complete, you will be contacted to complete or clarify information.

7. As a reminder, a DOS is to be maintained at each practice site, at the address of record of the Supervising Physician and at the Board of Medicine. The Board recommends each Physician Assistant also keep a copy of their Practice change forms.

**Fee Changes**

Effective January 1, 2020 the Board has eliminated the $50 registration fee and any subsequent renewal fees for Primary Supervising Physician for Physician Assistants, Directing Supervising Physician for Athletic Trainers and Supervising Physicians for Cosmetic and Laser Procedures.