

Rules for PA Practice in Georgia from http://rules.sos.state.ga.us/cgi-bin/page.cgi?g=COMPOSITE_STATE_BOARD_OF_MEDICAL_EXAMINERS%2FPHYSICIAN_S_ASSISTANT%2Findex.html&d=1

360-5-.01 Purpose. Amended.

The purpose of this Chapter is to implement the "Physician's Assistant Act" of 1972, authorizing the Board to adopt rules and perform all acts necessary, proper or incidental to the efficient development of the category of health care as established therein.

Authority Ga. L. 1972, pp. 676, 680. **History.** Original Rule entitled "Purpose" adopted. F. Sept. 11, 1972; eff. Oct. 1, 1972. **Repealed:** New Rule of same title adopted. F. Dec. 4, 1981; eff. Jan. 1, 1982, as specified by the Agency.

360-5-.02 Applications for Board Approval. Amended.

(1) Applications for initial licensure or licensure thereafter as a Physician's Assistant or for Board approval of utilization of a Physician's Assistant, or for a change in the job description or Applying physician shall be made upon forms supplied by the Board. Two separate Board approved forms are to be completed and submitted to the Board as part of the application process prior to the supervising physician(s) being approved to delegate health care tasks to the Physician's Assistant. The initial form is to be completed by the Physician's Assistant and is to certify the credentials of that assistant. The second form is to be completed by the supervising physician (s) and includes information regarding the practice setting.

(2) Applications submitted to the Board must be completed in every detail, unless the response called for is not applicable to the applicant, and, if so, the response shall be made in that manner with accompanying explanation. A recent notarized photograph of the Physician's Assistant must accompany the application.

(3) The Physician's Assistant and applying physician(s) must certify that they have received, read, and are familiar with the Medical Practice Act, Physician's Assistant Act and Rules and Regulations by signing the statement on the application.

(4) There are three general categories of job descriptions for certification of Physician's Assistants, as follows:

- (a) Primary care;
- (b) Critical Care;
- (c) Anesthesiology Assistant.

Authority O.C.G.A. Secs. 43-1-25, 43-34-108. **History.** Original Rule entitled "Applications for Board Approval" adopted. F. Sept. 11, 1972; eff. Oct. 1, 1972. **Repealed:** New Rule of same title adopted. F. Dec. 4, 1981; eff. Jan. 1, 1982, as specified by the Agency. **Amended:** F. July 15, 1988; eff. Aug. 4, 1988. **Amended:** F. Mar. 18, 1998; eff. Apr. 9, 1998.

360-5-.03 Requirements for Board Approval of Physician's Assistant. Amended.

No person shall practice as a Physician's Assistant without Board approval. The requirements for Board approval of a Physician's Assistant are the following:

(a) Good moral character as demonstrated by two (2) acceptable references from licensed physicians, other than from the applying supervision physician(s), who are personally acquainted with the proposed Physician's Assistant. At the option of the Board, the Physician's Assistant and the applying supervising physician(s) will be required to appear before the Board for a personal interview;

(b) Requirements for Board Approval of Physician's Assistant:

1. A training program approved by the Board.

(i) The Board has approved or will approve those Physician's Assistants program of training offered by accredited colleges or universities consisting of 2 or more academic years of didactic and clinical experience in health care field appropriate to the task of a Physician's Assistant, or a Board approved equivalent program.

(ii) The curriculum of an approved program of training must provide adequate instruction in the basic sciences underlying the medical practice to provide the trainee with an understanding of the nature of disease processes and symptoms, abnormal tests, drug actions, etc. This must be combined with history taking, physical examinations,

therapeutic procedures, etc. This should be in sufficient depth to enable the graduate to integrate and organize historical and physical findings. The didactic instruction shall follow a planned and progressive outline and shall include an appropriate mixture of classroom lectures, text assignments, discussions, demonstrations, and similar activities. Instruction shall include clinical experience with qualified supervision sufficient to provide understanding of and skill in performing those clinical functions which the assistant may be asked to perform. There must be sufficient evaluative procedures to assure adequate evidence of competence. "The student may concentrate his efforts and his interest in a particular specialty of medicine and a Type A (Primary Care) student must insure that he possesses a broad general understanding of medical practice and therapeutic techniques and must be competent in this area. A Physician's Assistant Type B cannot be certified to any physician other than one whose primary specialty is in the specialty in which the Physician's Assistant is trained and the Physician's Assistant's services will not be utilized in any specialty other than in which the Physician's Assistant is trained."

(iii) A current list of Board approved Physician's Assistants Programs of study will be made available to the applicant upon request.

(2) Effective on or after September 1, 1985, new applicants for licensure must submit evidence that the applicant has achieved a passing score on an examination approved or administered by the Board for which the applicant is eligible. The Board approves either:

(i) The certification examination administered by the National Commission for Certification of Anesthesiologist Assistants (NCCAA) or its successor, or

(ii) The certification examination administered by the National Commission on Certification of Physician's Assistants (NCCPA) or its successor.

(c) The application and/or job description for the proposed Physician's Assistant signed by the applying physician(s) and Physician's Assistant, shall include the following information:

1. Applications made by the Physician's Assistant for licensure shall include the medical qualifications including related experience possessed by the Physician's Assistant applicant.

2. Application made by the applying supervising physician(s) shall include a detailed description of the medical tasks to be performed by the Physician's Assistant, and the location where such tasks will be usually performed. Attachment of the Basic Job Description shall be deemed adequate compliance with the requirement for a detailed description of medical tasks, unless further tasks are requested.

3. Each physician must indicate the name and location of the medical school from which he was graduated and the date the degree was received. The physician should also indicate the type of practice and a current Georgia medical license number.

(d) Fee to be submitted in the form of a check or money order payable to the Composite State Board of Medical Examiners. A schedule of fees may be obtained from the Board office by request.

(e) The Board may issue a temporary permit to any applicant who has otherwise met the requirements for Board licensure and who has either applied to take the next available examination or has already taken the examination and is awaiting the results thereof, with the following conditions:

1. The applicant must request this permit in writing.

2. The applicant must be issued a temporary permit before performing duties of a Physician's Assistant.

3. The applicant's duties must be limited to those contained in the basic job description which is approved by the Board.

4. The permit shall expire upon notification of the applicant's failure to achieve a satisfactory score.

5. The applicant must demonstrate to the satisfaction of the Board that he/she has made or intends to make application for the next examination approved by the Board for which the applicant is eligible.

6. A temporary permit may be issued only one time.

(f) The supervising and alternate supervising physician shall at all times maintain on file, readily available for inspection, documentation from the Board evidencing current approval for utilization of the Physician's Assistant and a copy of the applicable approved job description.

To download all forms

http://medicalboard.georgia.gov/00/channel_modifieddate/0,2096,26729866_27846918,00.html

Authority O.C.G.A. Secs. 43-1-25, 43-34-103, 43-34-108. **History.** Original Rule entitled "Requirements for Board Approval of Physician's Assistant" adopted. F. Sept. 11, 1972; eff. Oct. 1, 1972. **Amended:** F. Feb. 20, 1973; eff. Mar. 12, 1973. **Amended:** F. July 17, 1974; eff. Aug. 6, 1974. **Amended:** F. Apr. 7, 1975; eff. Apr. 27, 1975. **Amended:** F. Oct. 3, 1975; eff. Oct. 23, 1975. **Amended:** F. Jan. 26, 1976; eff. Feb. 15, 1976. **Repealed:** New Rule of same title adopted. F. Dec. 4, 1981; eff. Jan. 1, 1982, as specified by the Agency. **Amended:** F. Sept. 6, 1985; eff. Sept. 26, 1985. **Amended:** F. July 15, 1988; eff. Aug. 4, 1988. **Amended:** F. Aug. 9, 1993; eff. Aug. 29, 1993. **Amended:** F. Mar. 18, 1998; Apr. 7, 1998.

360-5-.04 Changes in Job Descriptions or Applying Physicians. Amended.

(1) When a physician applies to supervise a Physician's Assistant who has previously been certified by the Board, the Board may issue a written notice of temporary approval; provided, however, that the Physician's Assistant's duties shall be limited to those contained in the Basic Job Description.

(2) A Physician's Assistant may only perform those tasks which are specified, and for the physician(s), named, in his job description then currently on file with and approved by the Board; provided, however, that tasks outside the job description may be performed by the Physician's Assistant under the direct supervision and in the presence of the physician(s) utilizing him. Provided further, however, that the Board will not approve any task or procedure in a Physician's Assistant job description which is experimental or investigational; for the purpose of this last proviso acupuncture is deemed by the Board to be an experimental procedure.

(3) Requests for changes in the job description of the Physician's Assistant, including addition of specialized duties and tasks, shall be submitted by the supervising physician(s) to the Board for prior approval.

(4) Termination of a Physician's Assistant/Applying Physician(s) relationship. Immediately upon termination of the physician/Physician's Assistant's relationship, the Physician's Assistant and the applying physician are required to give notice and date of termination to the Board by certified mail. Failure to notify the Board immediately may result in disciplinary action against the Physician's Assistant and/or the applying physician(s). Expiration of license and identification card by failure to renew will not be considered an exception of the requirements of this paragraph.

Authority O.C.G.A. Secs. 43-1-25, 43-34-103, 43-34-108. **History.** Original Rule entitled "Changes in Job Descriptions or Applying Physicians" adopted. F. Sept. 11, 1972; eff. Oct. 1, 1972. **Amended:** F. Sept. 16, 1974; eff. Oct. 6, 1974. **Repealed:** New Rule of same title adopted. F. Dec. 4, 1981; eff. Jan. 1, 1982, as specified by the Agency. **Amended:** F. Apr. 8, 1985; eff. Apr. 28, 1985. **Amended:** F. Sept. 6, 1985; eff. Sept. 26, 1985. **Amended:** F. July 15, 1988; eff. Aug. 4, 1988. **Amended:** F. Mar. 18, 1998; eff. Apr. 7, 1998.

360-5-.05 Time Limits for Applications. Amended.

All applications for Board approval of a proposed Physician's Assistant, or a change in the job description or applying physician(s), must be completed and on file with the Board at least sixty (60) days prior to the meeting, in order to be considered by the Board or its Physician's Assistant Committee at the next meeting. The Board meets every even-numbered month, i.e., February, April, June, August, October and December.

Authority Ga. L. 1972, pp. 676, 680.

History. Original Rule entitled "Time Limits for Applications" adopted. F. Sept. 11, 1972; eff. Oct. 1, 1972. **Repealed:** New Rule of same title adopted. F. Dec. 4, 1981; eff. Jan. 1, 1982, as specified by the Agency.

360-5-.06 Renewal of Physician's Assistant License. Amended.

(1) All Physician's Assistant licenses must be renewed biennially, October through December of every even-numbered year. The renewal fee must be paid prior to December

31st of the renewal year. Otherwise such license shall become null and void. The licenses may only be renewed upon payment of the penalty for late renewal.

(2) Repealed.

Authority O.C.G.A. Sec. 43-34-103. **History.** Original Rule entitled "Renewal of Physician's Assistant Certificate" adopted. F. Sept. 11, 1972; eff. Oct. 1, 1972. **Amended:** F. Jan. 26, 1976; eff. Feb. 15, 1976. **Repealed:** New Rule of same title adopted. F. Dec. 4, 1981; eff. Jan. 1, 1982, as specified by the Agency. **Amended:** F. Sept. 6, 1985; eff. Sept. 26, 1985. **Amended:** F. July 15, 1988; eff. Aug. 4, 1988. **Amended:** Rule retitled "Renewal of Physician's Assistant License." F. Mar. 18, 1998; eff. Apr. 7, 1998.

360-5-.07 Limitations Upon Use of Physician's Assistants; Ordering of Dangerous Drugs, Controlled Substances, Medical Treatments and Diagnostic Studies by Physician's Assistants; Dispensing of Dangerous Drugs by Physician's Assistant in Public Health Care Settings. Amended.

(1) No physician shall have more than four physician's assistants licensed to him or her at any one time. Additionally, no physician may supervise more than two physician's assistants at any one time, except that a physician may supervise more than two physician's assistants while on call for a solo practitioner or as a member of a group practice setting including, but not limited to, clinics, hospitals, and other institutions. The physician taking call must be approved to supervise the physician's assistant of the physician for whom he or she is taking call.

(2) A Physician's Assistant shall not be permitted to perform his/ her duties other than in the principal offices and/or hospitals of the applying physician(s) which shall be those public or private places of health facilities where the applying physician(s) regularly sees patients; provided however, that nothing herein shall preclude a Physician's Assistant from making house calls, hospital and nursing home rounds, or performing any functions performed by the applying physician(s) which the Physician's Assistant is qualified to perform. A Physician's Assistant may see his applying physician's patients in Emergency Rooms in hospitals, offices, nursing homes or any situation under supervision of an applying physician, approved by the Board.

(3) A Physician's Assistant may not be utilized to perform the duties of a pharmacist licensed under Title 26, Chapter 4 of the Official Code of Georgia Annotated, relating to pharmacists, as now or hereafter amended.

(4) A physician employed by an institution under the jurisdiction of the Division of Physical or Mental Health, or by a local health department, whose duties are administrative in nature and who does not normally provide health care to patients as such employee, shall not be authorized to apply for or utilize the services of any Physician's Assistant employed by such State institution or by a local health department.

(5) No Physician's Assistant shall be used in the office of a physician, or in a clinic or hospital, unless a notice to that effect is posted therein in a prominent place. The posting of the Physician's Assistant certificate issued by the Board shall be deemed to be in compliance with this regulation.

(6) A Physician's Assistant must clearly identify himself as such in order to insure that he or she is not mistaken by the public as a regularly licensed physician. He/she must also wear a Clearly Legible Identification Name Tag at all times. The words "Physician's Assistant" will be on the tag. A Physician's Assistant is to be addressed as Mr., Mrs., Ms., or Miss.

(7) All charges for services rendered by the Physician's Assistant must be by and through the applying physician(s) named in his application then currently on file with the Board.

(8) A physician's assistant may order medication for institutionalized or hospitalized patients as outlined in the approved job description. All such orders by a physician's assistant are subject to approval by the supervising physician.

(a) A physician's assistant may order/select a drug, including a dangerous drug or a controlled substance, or order medical treatment, or diagnostic study in any health care setting, provided that:

1. The supervising physician delegates this authority in accordance with an approved job description.
2. Controlled substances are selected from a formulary of such drugs approved by the

Board. For the purpose of this rule the formulary of controlled substances shall include any controlled substance defined in Code Section 16-31-21, except any Schedule I controlled substance listed in Code Section 16-13-25.

3. Ordering/selecting of a drug under such delegation in accordance with an approved job description may include writing, telephoning or otherwise orally communicating such order, except that oral orders for Schedule II controlled substances shall be authorized only in emergency situations and thereafter shall be promptly reduced to writing as a prescription signed by the supervising physician; ordering/selecting of a drug under such delegation shall not be construed to authorize prescribing, which act can only be performed by the supervising physician; nor shall such ordering/ selecting of a drug be construed to authorize the issuance of a written prescription by the physician's assistant. Provided, however, that nothing contained herein shall be construed as precluding the physician's assistant from preparing a written prescription, the issuance of which has been authorized by the supervising physician, so long as such written prescription is signed by the supervising physician on the date when issued, and so long as the prescription is not signed in blank.

(b) A physician's assistant may dispense one or more doses of a dangerous drug, except a controlled substance, in a suitable container with appropriate labeling for subsequent administration to, or use by, a patient under the authority of an order issued in conformity with an approved job description, provided that:

1. The physician's assistant is an agent or employee of:

(i) The Division of Public Health of the Department of Human Resources;

(ii) Any county board of health; or

(iii) Any organization which is exempt from federal taxes pursuant to Section 501(c)(3) of the Internal Revenue Code other than an organization which is a hospital, preferred provider organization, health maintenance organization, or similar organization; or is established under the authority of or receiving funds pursuant to 42 U.S.C. Section 254b or 254c of the United States Public Health Service Act; or is an outpatient clinic which is owned or operated by a licensed hospital, and whose services are primarily provided to the medically disadvantaged and which provides such drugs free of charge to the patient based solely upon the patient's ability to pay;

2. The supervising physician delegates this authority in accordance with an approved job description.

3. In the case of dispensing of dangerous drugs, the dispensing is in accordance with a dispensing procedure for dangerous drugs which shall include a written document signed by a licensed pharmacist and a licensed physician which document establishes the appropriate manner under which drugs may be dispensed and the dispensing of dangerous drugs is performed in compliance with applicable Georgia Law, including Code Section 26-4-4, and the Rules of the State Board of Pharmacy, Chapters 480-28, Practitioner Dispensing of Drugs and 480-30, Dispensing of Drugs Under Authority of Job Description or Nurse Protocol.

(9) The physician(s) who apply for or utilize a Physician's Assistant shall be responsible for any violation of the above enumerated limitations on the practice of a Physician's Assistant.

(10) A physician's assistant may gather data base from a new patient or an established patient with a new problem and then shall transmit this information to the supervising physician.

(11) Except in life threatening situations, the supervising physician shall be readily available for personal supervision and shall be responsible for follow up care.

Authority O.C.G.A. Secs. 43-34-26.1, 43-34-103. **History.** Original Rule entitled "Limitations Upon Use of Physician's Assistant" adopted. F. Sept. 11, 1972; eff. Oct. 1, 1972. **Amended:** F. Dec. 5, 1974; eff. Dec. 25, 1974. **Amended:** F. Feb. 14, 1977; eff. Mar. 6, 1977. **Repealed:** New Rule of same title adopted. F. Dec. 4, 1981; eff. Jan. 1, 1982, as specified by the Agency. **Amended:** F. Sept. 6, 1985; eff. Sept. 26, 1985. **Amended:** F. Aug. 11, 1986; eff. Aug. 31, 1986. **Amended:** Rule retitled "Limitations Upon Use of Physician's Assistants; Ordering of Dangerous Drugs, Controlled Substances, Medical Treatments and Diagnostic Studies by Physician's Assistant, Dispensing of Dangerous Drugs by Physician's Assistant in Public Health Settings" adopted. F. Feb. 11, 1991; eff. Mar. 3, 1991. **Amended:** F. Dec. 17, 2001; eff. Jan. 6, 2002.

360-5-.08 Remote Practice Sites. Amended.

(1) In addition to the requirements of licensure outlined elsewhere in these rules, Physician's Assistants applying for remote site approval shall be required to provide appropriate documentation of one year of acceptable clinical experience or one year of post-graduate training approved by the board.

(2) In addition to the documentation required to be submitted in connection with an application for licensure as a Physician's Assistant contained elsewhere in these rules, the supervising physician shall submit a letter of intent to utilize a Physician's Assistant in a remote site, to be accompanied by a proposed utilization plan addressing the criteria outlined in Rule 360-5-.08(3).

(3) The remote site must qualify as a principal office where the supervising physician(s) regularly sees patients. For the purposes of this section principal offices shall mean an office, clinic, or facility maintained by the supervising physician(s) for the purpose of providing primary care services and at which the supervising physician(s) is physically present for at least 25% of the time the site is open for patient care or calls. For purposes of this Rule, a supervising physician may qualify no more than three offices or practice settings as principal offices.

(a) To qualify as a "remote site", it must be shown to the satisfaction of the Board that there is a shortage and a maldistribution of health care services. The following factors may be considered: (i) the physician-patient ratio in the area in question; (ii) the distance between patients and existing physicians or other medical facilities; (iii) the maldistribution of particular types of specialty care; (iv) whether the area is designated or eligible for designation at the time of application by the Secretary of Health and Human Services as a "Health Manpower Shortage Area" pursuant to 42 U.S.C. Sec. 254(e); (v) any other factors which are indicative of shortage and maldistribution of health care services or any other factors which are indicative of an absence of adequate physician services in or reasonably accessible to the area in question.

(b) The Physician's Assistant to be utilized in the remote site must meet the requirements of Rule 360-5-.03(b).

(c) The supervising physician(s) must be available for supervision at the remote site as needed and shall be immediately available to the physician's assistant for consultation and supervision either personally or via telecommunications. Provided, however, that the supervising physician shall be physically present to review patient records and personally provide patient care at the remote site as needed and at a minimum of at least twice weekly and provided further that the supervising physician must provide patient medical record review on a daily basis.

(d) Any patient seen on a regular basis by the Physician's Assistant shall be scheduled to be seen by the supervising physician at routine intervals as deemed necessary in the particular setting and as outlined in the physician application and proposed job description.

(e) A predetermined plan for the initial management and referral of emergencies must be established for each individual site and submitted in the physician application and proposed job description.

(f) All entries made by the Physician's Assistant in patient medical records must be co-signed by the supervising physician(s) within 7 days of the Physician's Assistant-patient contact.

(g) The Board may approve, disapprove, or suggest modification of the supervising physician's application and proposed job description.

(h) The supervising physician and Physician's Assistant are expected to abide by all rules and provisions governing utilization of a Physician's Assistant, except as specifically provided herein.

Authority O.C.G.A. Secs. 43-1-25, 43-34-103, 43-34-108. **History.** Original Rule entitled "Grounds for Revocation or Termination of a Physician's Assistant Certificate" adopted. F. Sept. 11, 1972; eff. Oct. 1, 1972. **Repealed:** F. Dec. 4, 1981; eff. Jan. 1, 1982, as specified by the Agency. **Amended:** New Rule entitled "Remote Practice Sites" adopted. F. July 15, 1988; eff. Aug. 4, 1988. **Amended:** F. Mar. 18, 1998; eff. Apr. 7, 1998.

360-5-.09 Disciplinary Action/Revocation. Amended.

(1) When the Board finds that any person is unqualified to be granted a license or finds that any person should be disciplined pursuant to the provisions of O.C.G.A. 43-1-19, the laws or rules relating to physicians who supervise Physician's Assistants and to Physician's Assistants, the Board may take any one or more of the following actions:

- (a) Refuse to grant or renew a license of an applicant;
- (b) Administer a public or private reprimand, but a private reprimand shall not be disclosed to any person except the license holder;
- (c) Suspend any license for a definite period or an indefinite period in connection with any conditions that may be attached to the restoration of said license;
- (d) Limit or restrict any license as the Board deems necessary for the protection of the public;
- (e) Revoke any license;
- (f) Condition of penalty or withhold formal disposition pending the applicant's or license holder's submission to such care, counseling, or treatment as the Board may direct; or
- (g) Impose a fine not to exceed \$500.00 for each violation of the law, rule or regulation relating to the licensed business or profession.

(2) In addition to and in conjunction with the foregoing actions, the Board may make a finding adverse to the license holder, or applicant, but withhold imposition of judgment and penalty, or it may impose the judgment penalty, but suspend enforcement thereof and place the license holder on probation, which probation may be vacated upon non-compliance of such reasonable terms as the Board may impose.

(3) The Board shall have the authority to refuse a license to an applicant or to revoke the license of any person licensed by the Board or to discipline a person licensed by the Board, upon the finding by the Board that the supervising physician, licensee or applicant has violated any of the provisions of O.C.G.A. 43-1-19, or O.C.G.A. 43-34-37. In addition, the following may be considered as unprofessional conduct by the Board and a basis for disciplinary action:

- (a) Performance of duties on a routine basis by the Physician's Assistant, without appropriate supervision by a physician approved by the Board;
- (b) Routine performance of duties which exceed the scope of the job description for the Physician's Assistant as approved by the Board;
- (c) For the supervising physician(s) lack of appropriate supervision of a Physician's Assistant for whom he or she is responsible;
- (d) Issuance of presigned prescriptions or prescriptions signed in blank;
- (e) Issuance of a prescription by a Physician's Assistant with an illegal signature or a signature which is not the signature of a physician who may legally issue prescriptions;
- (f) Signing of a physician's signature on a prescription form by a Physician's Assistant.

Authority O.C.G.A. Secs. 43-1-25, 43-34-103, 43-34-108. **History.** Original Rule entitled "Disciplinary Action/Revocation" adopted. F. July 15, 1988; eff. Aug. 4, 1988. **Amended:** F. Mar. 18, 1998; eff. Apr. 7, 1998.

360-5-.10 Continuing Education Requirements. Amended.

(1) Physician's Assistants licensed to practice pursuant to O.C.G.A. 43-34-101 shall complete Board approved continuing medical education of not less than (40) hours biennially. Physician's Assistants who are authorized to carry out prescription drug orders shall be required as a part of the number of hours of continuing medical education required herein, to complete a minimum of (3) hours in practice specific pharmaceuticals in which the Physician's Assistant has prescription order privileges. This rule shall not apply to the following persons:

- (a) Physician's Assistants who are initially licensed by the Board and who have not renewed their license for the first time;
- (b) Physician's Assistants whose licenses are not active, such as those who are inactive or revoked. Physician's Assistants who are suspended or in some way disciplined by the Board must meet the requirement unless otherwise stipulated by Board Order;
- (c) Physician's assistants specifically exempted from this requirement by Board Order due to cases of hardship, disability, illness, service in the United States Congress, military

service or other circumstances as the Board deems appropriate if supported by adequate documentation acceptable to the Board.

(2) The Board accepts the A.M.A. (American Medical Association) Category 1, the A.O.A. (American Osteopathic Association) Category 1, A.A.A.A. (American Academy of Anesthesiologist's Assistants) Category 1, and the A.A.P.A. (American Academy of Physician's Assistants) Category 1 credit as meeting its requirement for Board approval. It is the responsibility of the physician's assistant to verify approval with the source of the program, not with the Board, and the physician's assistant should verify approval before taking the course. (3) Physician's assistants who must meet the requirement of this Chapter must document the completion of Board approved continuing education of not less than 40 hours from January 1 of odd numbered years and ending December 31 of even numbered years. This time period constitutes the biennial renewal cycle pursuant to Rule 360-5-.06(1).

(4) Each licensed Physician's Assistant who must meet these requirements must maintain records of attendance and supporting documents for continuing education for a period of 5 years from the date of attendance. At a minimum, the following must be kept: (a) Name of Provider; (b) Date of completion; (c) Evidence of A.M.A. Category 1 credit; A.O.A. Category 1 credit; A.A.P.A. Category 1 credit; or A.A.A.A. Category 1 credit.

Authority O.C.G.A. Secs. 43-34-3, 43-34-103. **History.** Original Rule entitled "Continuing Education Requirements" adopted. F. Apr. 6, 1992; eff. Apr. 26, 1992. **Amended:** F. Sept. 11, 1995; eff. Oct. 1, 1995. **Amended:** F. Mar. 18, 1998; eff. Apr. 7, 1998.

360-5-.11 Compliance.

(1) Physician's assistants will be required to answer questions on their biennial renewal form which establishes either compliance or eligibility for exception pursuant to Rule 360-5-.10(1)(a). Physician's assistants will not be required to send documentation of compliance with continuing education requirements for renewal, unless requested by the Board, pursuant to Rule 360-5-.11(2). False statements regarding satisfaction of continuing education requirements on the renewal form or any other document connected with the practice as a physician's assistant may subject the physician's assistant to disciplinary action by the Board.

(2) Following renewal, the Board will audit a fixed percentage of randomly selected renewal applications to monitor compliance with the continuing education requirements. Any physician's assistant so audited will be required to furnish documentation of compliance including name of provider, name of program, hour/continuing education units completed, date of completion and evidence of A.M.A. Category 1, A.O.A. Category 1, A.A.P.A. Category 1 or A.A.A.A. Category 1 credit.

(3) The Board establishes the following guidelines concerning the penalty for noncompliance in the case of a first offense; private reprimand consent letter, on condition of providing evidence of compliance within 60 calendar days and payment of a fine of \$500.00, if agreed to by the physician's assistant. The foregoing guidelines will not apply if the physician's assistant has made a false statement on the renewal application form or in the case of repeat violations. If the physician's assistant does not agree to the above sanctions, the Board may proceed with formal public charges (Notice of Hearing) and a hearing pursuant to the Administrative Procedures Act.

Authority O.C.G.A. Sec. 43-34-3. **History.** Original Rule entitled "Compliance" adopted. F. Apr. 6, 1992; eff. Apr. 26, 1992.

360-5-.12 Carrying Out a Prescription Drug or Device Order.

(1) A Physician's Assistant may carry out a prescription drug or device order in any authorized health care setting provided that: (a) The supervising physician delegates the authority to carry out a prescription drug or device order in the Physician's Assistant's approved job description and the prescription drug or device is one which the supervising physician routinely prescribes in his/her practice.

(b) The Physician's Assistant shall not carry out a prescription drug or device order for more than a thirty (30) day supply, except in cases of chronic illnesses where a ninety (90) day supply may be ordered. The Physician's Assistant may authorize refills up to six

(6) months from the date of the original prescription drug or device order, provided, however, that refills may be authorized up to twelve (12) months from the date of the original prescription drug or device order for oral contraceptives or other drugs or devices approved by the Board. (c) The Physician's Assistant's supervising physician shall personally reevaluate, at least every three (3) months, any patient receiving controlled substances, or at least six (6) months for any patient receiving other prescription drugs or devices.

(d) The Physician's Assistant shall inform and document in the medical records that the patient has the right to see the physician prior to any prescription drug or device order being carried out by the Physician's Assistant.

(2)(a) A Physician's Assistant may be authorized to carry a prescription drug order or orders for any device, as defined in O.C.G.A. 26-4-2.

(b) A Physician's Assistant may be authorized to carry out a prescription drug order or orders for any device included in the formulary approved by the Board.

(c) The formulary approved by the Board shall include any dangerous drug as defined in O.C.G.A. 16-13-71, or any Schedule III, IV or V controlled substances as defined in O.C.G.A. 16-13-21.

(3) A prescription drug or device order shall be issued on a form which contains the following:

(a) The name, address, and telephone number of the prescribing supervising physician, the name and address of the patient, the drug or device prescribed, the number of refills and directions to the patient with regard to taking and dosage of the drug.

(b) The form shall be signed by the Physician's Assistant using the following language: This prescription authorized through (the prescribing supervising physician) (M.D. or D.O.) by (the Physician's Assistant).

(4) In addition to the copy of the prescription drug or device order delivered to the patient, a record of such prescription shall be maintained in the office of the prescribing physician in the following manner:

(a) A copy of the prescription drug or device order shall be maintained in the patient's medical file; and a copy, as described in 360- 5-.12(4)(a), shall mean a duplicate prescription or a photocopy, and

(b) The supervising physician shall countersign the prescription drug or device order copy or the medical record entry for each prescription drug or device order within a reasonable time, not to exceed seven (7) working days, unless the countersignature is required sooner by a specific regulation, policy or requirement.

(5) Procedures to evaluate a job description containing the authority to carry out a prescription drug or device order shall be in compliance with 360-5-.03(c)(2).

Authority O.C.G.A. Sec. 43-34-103. **History.** Original Rule entitled "Carrying Out a Prescription Drug or Device Order" adopted. F. Sept. 11, 1995; eff. Oct. 1, 1995.

360-5-.13 Inactive Status.

(1) A person who wishes to maintain his or her Physician's Assistant license, but who does not intend to practice as a Physician's Assistant may apply to the Board for inactive status by submitting an application and the fee. An individual with an inactive license may not practice as a physician's assistant in this State.

(2) In order to reinstate a license to practice as a physician's assistant, the Board must receive a completed application for utilization of the physician's assistant submitted by a licensed physician who will be responsible for the performance of the physician's assistant and a reinstatement fee. The proposed physician's assistant must be able to demonstrate to the satisfaction of the Board that he or she has maintained current knowledge, skill and proficiency in the health care area related to the job description as required by O.C.G.A. § 43-34-103 and that he or she is mentally and physically able to practice with reasonable skill and safety.

(3) Reinstatement of the license authorizing the assistant to perform medical tasks under the direction and supervision of the applying physician is within the discretion of the Board. Authority: O.C.G.A. Secs. 43-1-22, 43-34-24, 43-34-24.1, 43-34-103, 43-34-108. **History.** Original Rule entitled "Inactive Status" adopted. F. Dec. 10, 2004; eff. Dec. 30, 2004.