Supervising Physician for
Advanced Practice Nurse &/Or Physician Assistant

This form applies to the Advance Practice Nurse and/or Physician Assistant licensure types credentialed for participation in contracted health plans and who are required to be supervised/monitored by a Texas state licensed physician.

Sec. 204.207. ASSUMPTION OF PROFESSIONAL LIABILITY. (a) Each supervising physician retains legal responsibility for physician assistant and/or nurse practitioner patient care activities, including the provision of care and treatment to a patient in a health care facility.

(b) If a physician assistant is employed by an entity, including a health care facility, the entity shares the legal responsibility for the physician assistant's acts or omissions with the physician assistant's supervising physician.

Acts 1999, 76th Leg., ch. 388, Sec. 1, eff. Sept. 1, 1999.

Section 1 Supervising/Monitoring Physician

Applicant's Name: _____ **Degree**: _____ **Specialty:** _____

If there are more than two physicians please use the back of this page for additional supervising physicians.

Supervising Physician Name: _____
This physician must be licensed in the state of Texas and midlevel may only be Par in the same networks as the Supervisor.

Physician Medical License #: _____

Alternate Supervising Physician (if applicable): _____
Physician must be licensed in the same state of practice and in the same networks as the applicant.

Physician Medical License #: _____

Section 2 DEA

Some contracted plans require that Nurse Practitioners (NP) and Physician Assistants (PA) hold a Drug Enforcement Agency (DEA) certificate in the state. Those whose DEA is pending or who do not prescribe medications requiring a DEA **must** include evidence stating who will prescribe on their behalf in their credentialing file. Please indicate here who the physician will be. If there is more than one please use the back of this page for additional physicians.

☒ **Physician will be the same individual as above** ☐ **I will not be applying for a DEA Certificate**

Section 3 Hospital Admitting

Credentialing Plan requires that Nurse Practitioners (NP) and Physician Assistants (PA) credentialing file must include evidence of who will admit patients on their behalf. Please indicate below this information:

☒ **Physician will be the same Supervising Physician above**

_____ _____
Applicant Printed Name **Signature** of Applicant

_____
Printed Name of Physician Supervisor

_____ _____
Signature of Physician Supervisor Date