

SAMPLE

Illinois PA-Physician Written Collaborative Agreement

Physician Assistant (PA) Information:

Name: _____
NCCPA Board Certification#: _____ Exp: _____
Illinois License#: _____ Exp: _____
Illinois Controlled Substance License#: _____ Exp: _____
Federal DEA#: _____ Exp: _____

Primary Practice Site Information: _____

Address: _____

Phone #: _____

Fax #: _____

***additional practice site(s) information will be attached to this agreement if applicable*

PA's preferred method of contact (circle one): cell phone; pager; email

PA's cell phone number: _____

PA's pager number (if applicable): _____

PA's email address: _____

Collaborating Physician Information:

Name: _____

Practice Area: _____

Board Certification: _____

Illinois License#: _____ Exp: _____

Illinois Controlled Substance License#: _____ Exp: _____

Federal DEA#: _____ Exp: _____

Collaborating Physician's preferred method of contact (circle one): cell phone or pager

Collaborating Physician's cell phone number: _____

Collaborating Physician's pager number (if applicable): _____

Collaborating Physician's email address: _____

This document serves as the written collaborative agreement between (PA's name) a PA at (employer name), and (physician's name), a physician at (employer name).

The PA will be performing duties and practicing medicine in collaboration with the physician identified above. According to the Illinois PA Practice Act, Section 7.5, a written collaborative agreement is required for all PAs to practice in the State who do not meet the act's identified exemptions. This agreement shall describe the working relationship of the physician and the PA. The relationship shall not be construed to require the personal presence of a physician at the place where services are rendered.

The written collaborative agreement shall be adequate if a physician does each of the following:

- A) Participates in the joint formulation and joint approval of orders or guidelines with the PA and he or she periodically reviews such orders and the services provided patients under such orders in accordance with accepted standards of medical practice and PA practice.
- B) Provides consultation at least once a month.

PA Scope of Practice

Under this written collaborative agreement:

1. The collaborating physician agrees that the PA is authorized to perform the following medical/surgical tasks and procedures autonomously and that those tasks/procedures are within the PAs education, training and scope of practice within the State of Illinois. This includes but is not limited to the following (insert list here):

Obtain and perform a comprehensive health history and physical exam; Evaluate, diagnose, manage, and provide medical/surgical care to patients with medical/surgical problems of all organs within education, training, licensure, and specialty scope of practice; Order, perform and interpret diagnostic testing; Provide consultation as requested within specialty scope of practice; Facilitate the patient's safe transition among and within care settings and across levels of care, including admission, transfer, discharge and out-patient or home care; Prescriptive Authority for Legend/non-scheduled drugs as well as Controlled Substances as defined by license

Special procedures: act as surgical first assistant; removal of surgical drains; wound and abscess incision, drainage, and debridement; insertion and removal of feeding tubes; central line placement; paracentesis

2. The PA shall inform the collaborating physician(s) of all other written collaborative agreements he or she has signed with other physicians and provide them a copy of these upon request.
3. A PA shall be permitted to transmit the collaborating physician's orders as determined by the institution's bylaws, policies, or procedures or the job description within which the physician/physician assistant team practices.

We the undersigned agree to the terms and conditions of this collaborative agreement.

Collaborating Physician (printed name)

PA (printed name)

Collaborating Physician (signature)

PA (signature)

Date

Date