



ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

*Under Alabama Law, this document is a public record
and will be provided upon request*

QACSC Covering Physician Agreement

As a covering (backup) physician providing medical direction and oversight for

_____ P.A., by signing this document, I hereby affirm that:

- (1) I am familiar with the current rules regarding physician assistants and their ability to prescribe controlled substances.
- (2) That I am familiar with the Approved Formulary for Qualified Alabama Controlled Substance Certificates concerning all protocols and medical regimens relating to a QACSC which have been adopted by the Board of Medical Examiners.

RA # _____ Supervising Physician Name _____

- (3) That I have a current and unrestricted Alabama Controlled Substance Certificate, # _____
- (4) That I will be accountable for adequately supervising the prescribing of controlled substances by the physician assistant.
- (5) I will assume all responsibility for the controlled substance prescribing of the physician assistant during the temporary absence of the primary supervising physician.

Medical Specialty of Supervising Physician _____

Medical Specialty of Covering Physician _____

Telephone number _____

Print Covering Physician Name

AL Medical License #

Covering Physician Signature

Date