Alabama P.A. License Number _____


# 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*

## Physician Assistant Core Duties and Scope of Practice

1. The P.A. may work in any setting consistent with the supervising physician's scope of practice and are customary to the Supervising Physician's scope of practice and are customary to the practice of the Physician. The P.A. scope of practice shall be defined as those functions and procedures for which the P.A. is qualified by formal education, clinical training, area of certification and experience.
2. The following skills and functions are the core duties which may be performed by the P.A.
   A. Arrange inpatient hospital admissions, transfers, and discharges in accordance with established guidelines/standards developed within the practice of the supervising physician and P.A.; perform rounds and record appropriate patient progress notes; compile detailed narrative and case summaries; complete forms pertinent to patients' medical records.
   B. Perform detailed and accurate health histories, review patient records, develop comprehensive medical status reports, and order laboratory, radiological, therapeutic and diagnostic studies or treatment appropriate for the complaint, age, race, sex and physical condition of the patient.
   C. Perform comprehensive physical exams and assessments. Formulate medical diagnoses, including the interpretation and evaluation of patient data to determine patient management and treatment, including the institution of therapy and ordering of medical devices or referral of patients to appropriate care facilities and/or agencies and other resources of the community or other physicians.
   D. Prescribe legend drugs authorized by the supervising physician and included on the formulary approved by the guidelines established by the Alabama Board of Medical Examiners for P.A.s.
   E. Institute emergency measures and emergency treatment or appropriate stabilization measures in situations such as cardiac arrest, shock, hemorrhage, convulsions, poisoning and emergency obstetric delivery where indicated.
   F. Provide instructions, education and guidance regarding healthcare and healthcare promotion to patients, family and caregivers.
   G. Skills and functions that are taught in usual and standard P.A. academic education and do not require additional training or course documentation. The supervising physician and P.A. may document and validate that the P.A. has received education, training and competency to perform the core duty or skill.
   H. The Board of Medical Examiners recognizes the following as examples of usual and customary core duties and skills that a Physician Assistant can perform, including, but not limited to, the following:

| | **Standard skill** | **Physician initials indicate the skill and formulary protocols allowed at practice site** | | **Education & Competency Validation X or Date = Previous Validation N/A = Not applicable** | | |
|---|---|---|---|---|---|---|
| | | **Permitted (Yes)** | **Not Allowed (NO)** | **Basic P.A. Education** | **Previous Validation** | **Instruction to be scheduled** |
| 1. | Administering local anesthetic agents | | | | | |
| 2. | Arterial line insertion: Radial, Femoral | | | | | |

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| | | **Permitted (Yes)** | **Not Allowed (NO)** | **Basic P.A. Education** | **Previous Validation** | **Instruction to be scheduled** |
| 3. | Audiometry/Audiogram, Interpretation of | | | | | |
| 4. | Baclofen Intrathecal Pump, Refill | | | | | |
| 5. | Bartholin Gland, I & D cyst; placement of Word Catheter | | | | | |
| 6. | Bimanual pelvic exam | | | | | |
| 7. | Biopsies (Skin) Shave/Punch: Allowed to perform shave excisions/biopsies not to exceed 6 mm in diameter and not below the level of the full dermis. If on anatomically sensitive areas such as, eyes and ears, must be evaluated by a physician prior to treatment. On other areas of the body, limited to a depth which can be closed with a simple single layer closure. Shave biopsy of the ears is approved. | | | | | |
| 8. | Bone marrow aspiration/biopsy (Iliac Crest) | | | | | |
| 9. | Cardiac Stress Testing | | | | | |
| 10. | Cast application and removal | | | | | |
| 11. | Chest Tube/Pleural Cath removal | | | | | |
| 12. | Cryotherapy of non-pigmented superficial lesions- allowed to perform on the face, only on skin lesions not to exceed 6 mm in diameter and not below the dermis. Cryotherapy on anatomically sensitive areas, such as eyes, must be evaluated by the physician prior to treatment. | | | | | |

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| 13. | Digital Nerve Block proximal and distal phalangeal | | | | | |
| 14. | Echocardiography, technical component | | | | | |
| 15. | EKG 12 Lead Interpretation with subsequent physician interpretation | | | | | |
| 16. | Enteric tube exchange | | | | | |
| 17. | Escharotomy | | | | | |
| 18. | External Cardiac Pacing | | | | | |
| 19. | Femoral Venipuncture for blood sample | | | | | |
| 20. | Flexible Sigmoidoscopy | | | | | |
| 21. | Foreign Body removal | | | | | |
| 22. | Gastrostomy Tube/ PEG - Replacement only | | | | | |
| 23. | Groshong catheter removal | | | | | |
| 24. | Hemapheresis, stem cell collection and leukapheresis | | | | | |
| 25. | Hormone Pellet Insertion – No prescribing | | | | | |
| 26. | Incision and drainage of superficial skin infections or abscesses. | | | | | |
| 27. | Infusaport (portacath) removal | | | | | |
| 28. | Initial x-ray interpretation with subsequent physician interpretation | | | | | |
| 29. | Insert and removal of drains (excluding paracentesis, thoracentesis, thoracostomy tube insertion, ventriculostomy insertion, and placement of any percutaneous drain into body cavity) | | | | | |

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| 30. | Intrathecal admin of chemotherapy via Ommaya reservoir | | | | | |
| 31. | Intubation | | | | | |
| 32. | Intracavernosal Injections | | | | | |
| 33. | Laser Protocols for Non-Ablative treatment *Training according to *540-X-11 Guidelines for the Use of Lasers and other Modalities Affecting Living Tissue* | | | | | |
| 34. | Limited Phlebectomy, Assist only | | | | | |
| 35. | Lumbar Puncture for adult patients only | | | | | |
| 36. | Microneedling | | | | | |
| 37. | Nasal Cautery with Silver Nitrate Applicator for Epistaxis | | | | | |
| 38. | Nasal Packing, anterior for control of epistaxis | | | | | |
| 39. | Needle Decompression, Tension Pneumothorax | | | | | |
| 40. | Needle Aspiration Biopsy – Ultrasound guided **(IR only)** | | | | | |
| 41. | Pelvic Floor Rehab with Electrical Stimulation and Biofeedback | | | | | |
| 42. | Penile Intracavernosal Injection of Vasoactive Medications – Trimix Injection | | | | | |
| 43. | Percutaneous Tibial Nerve Stimulation (PTNS)/ Neuromodulation | | | | | |
| 44. | PICC line placement | | | | | |
| 45. | Post pyloric feeding tube placement | | | | | |
| 46. | Pulmonary Spirometry, Interpretation of | | | | | |
| 47. | Removal of Benign Lesions after Physician Evaluation | | | | | |

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| 48. | Removal of pacing wires | | | | | |
| 49. | Removal of Central Venous Line, percutaneous | | | | | |
| 50. | Removal of Central Venous Line, tunneled | | | | | |
| 51. | Removal of Mediastinal Chest Tube | | | | | |
| 52. | Removal of Pulmonary Artery Catheter (Swan-Ganz) | | | | | |
| 53. | Removal of skin tags | | | | | |
| 54. | Removal of superficial foreign body of eyeball | | | | | |
| 55. | Removal of toenails | | | | | |
| 56. | Simple Fracture and Dislocation<br><br>A **simple fracture** is defined as a fracture that does not penetrate the skin and causes minimal or no damage to surrounding tissue.<br><br>A **simple reduction** is defined as a reduction of a dislocation or simple fracture, does not require anesthesia and is low risk for complication. | | | | | |
| 57. | Sclerotherapy of telangiectasis with FDA approval solutions | | | | | |
| 58. | Sclerotherapy with Sotradecol as foam or liquid, concentration not to exceed 0.5%; cannot be used at a remote site; must have written documentation of adequate training | | | | | |
| 59. | Surgical Assisting | | | | | |
| 60. | Surgical wound closure- may close the outermost layer of the fascia, subcutaneous tissue, dermis, and epidermis on extremities; over thoracic or abdominal | | | | | |

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| | cavities- approval to close subcutaneous, dermis, or epidermis only | | | | | |
| 61. | Suturing of superficial lacerations | | | | | |
| 62. | Suturing-single layer closure of the face | | | | | |
| 63. | Total Parenteral Nutrition (TPN) Initiation not to include writing the formula | | | | | |
| 64. | Thoracostomy tube removal | | | | | |
| 65. | Tracheostomy tube change | | | | | |
| 66. | Tympanogram with Interpretation and Treatment | | | | | |
| 67. | Vagal Nerve Stimulator, Interrogation with and without voltage adjustment | | | | | |
| 68. | Vein harvesting | | | | | |
| 69. | Vein or artery cut down for access | | | | | |
| 70. | Wet mount microscopy and interpretation of vaginal swab and microscopic urinalysis | | | | | |
| 71. | Wound debridement, suturing and care of superficial wounds | | | | | |

I. Signature Authority Delegation Standard Delegation, which includes:

1) Certification of patient disability for disabled parking tags/placards.
2) Physicals for bus drivers using State of Alabama forms.
3) Authorizations for durable medical equipment.
4) Authorizations for diabetic testing supplies.
5) Authorization for diabetic shoes.
6) Within the State Medicaid system, forms for:
   a) ordering medications, nutritional supplements, infant formulas,
   b) referrals to medical specialist,
   c) referrals for home health services,
   d) referrals for physical or occupation therapy.
7) Within the Department of Mental Health, forms for:
   a) physical examination,
   b) certifications in residential or inpatient dwellings

**Signature Authority Delegation- Optional Delegations- Please uncheck any optional delegations NOT to approve.**

- ✓ Absenteeism forms for employment or school purposes, including documents associated with the Federal Family and Medical Leave Act.
- ✓ Home health care recertification orders.
- ✓ Physicals to verify eligibility for students to participate in the Special Olympics.
- ✓ Employment and pre-employment physicals for Transportation Security Agency (TSA) employees at an airport or for governmental employees such as firefighters and law enforcement officers.
- ✓ Adoptive parent applications
- ✓ College or trade school physicals
- ✓ Boy Scout or Girl Scout physicals or physical required by similar organizations.
- ✓ Forms excusing a potential jury member due to an illness.
- ✓ Death certificates.
- ✓ Forms for ambulance transport.
- ✓ Forms for donor breast milk.
- ✓ Required documentation allowing a diabetic to renew or obtain a driver's license.

J. For additional skills requested outside the core duties of the P.A. by the supervising physician (i.e., diagnostic or surgical procedures requiring additional training), the supervising physician must provide documentation of the training and / or certification which qualifies the P.A. The training for the additional duty/skill shall have been previously approved by the Board.

**If you want to request approval to train for additional skills, submit a skill request protocol.**

K. Provide emergency medical services in the event of declared national emergency or natural disaster in accordance with the requirements of Board Rules.

**I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.**

| Print Name of Supervising Physician | Signature of Supervising Physician | Date |
|---|---|---|
| Print Name of Physician Assistant | Signature of Physician Assistant | Date |