



The document shall be completed and submitted for each mid-level practitioner you supervise or plan to. Upon completion of this document, upload to licensee dashboard or email to [support@osboe.ok.gov](mailto:support@osboe.ok.gov) in addition to the written agreement between yourself and the mid-level.

### **510:10-4-2. Definitions**

The following words and terms used in this Subchapter, shall have the following meaning unless the context clearly indicates otherwise:

**"Board"** means the State Board of Osteopathic Examiners.

**"Mid-level practitioners"** includes physician assistants and advanced practice nurses.

**"Primary Care Medicine"** means the practice of medicine with emphasis on emergency medicine, family medicine, general internal medicine, general pediatrics, and obstetrics and gynecology.

**"Proper physician supervision"** means the supervising physician regularly and routinely reviews the prescriptive practices and patterns of the mid-level practitioners. Proper physician supervision of mid-level practitioners is essential.

### **510:10-4-3. Eligibility, Limits, and Responsibilities of supervising osteopathic physician**

(a) To be eligible to serve as a supervising physician for mid-level practitioners, an osteopathic physician shall meet the following criteria:

(1) Have possession of a full and unrestricted Oklahoma license to practice osteopathic medicine; with Drug Enforcement Agency (DEA) and Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDD) permits.

(2) The supervising physician shall be trained and fully qualified in the field of the mid-level practitioners' specialty.

(b) No physician shall supervise more than six (6) mid-level practitioners.

(c) The Board may make an exception to any limit set herein upon written request of the physician. Exception requests for rural primary care shall be given priority by the Board.

(d) Subject to approval, disapproval, or modification by the Board, the Executive Director of the Board may temporarily approve a written request to supervise seven (7) or more mid-level practitioners between regularly scheduled meeting of the Board.

(e) All supervising osteopathic physicians shall have a written agreement with each mid-level practitioner they supervise to memorialize the extent of the authority of the mid-level practitioner to practice under the supervision of the physician. The written agreement shall comply with Oklahoma law.

(f) All supervising osteopathic physicians shall visit each location in which he or she supervises mid-level practitioners at least once a month.

(g) To ensure appropriate levels of chart review of mid-level practice, all supervising osteopathic physicians shall ensure a physician shall review at least fifteen percent (15%) of patient charts recording treatment by the supervised mid-level practitioners each month.

(h) To ensure appropriate levels of chart review, a supervising physician shall develop a list of High-risk procedures, for each mid-level practitioner. The performance of any of those procedures by the respective mid-level practitioner shall, in each instance, be reviewed within twenty-four (24) hours of treatment by the physician.

(i) A physician may not supervise a mid-level provider who is an immediate family member, however, this prohibition shall not apply to family members outside the second degree of consanguinity or affinity.

### **Physician Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

License No: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Mid-Level Practitioner Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

License Type: \_\_\_\_\_ License No: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialty: \_\_\_\_\_ Facility Type: \_\_\_\_\_

Practice Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fee charged for supervision?: \_\_\_\_\_ If yes, amount: \_\_\_\_\_

### **Scope of Practice:**

Describe the scope of practice of the mid-level practitioner.

### **Method of Supervision:**

Provide a detailed narrative of how you intend to supervise. This shall include an explanation of how you are trained and fully qualified in the field of the mid-level practitioner's specialty and an outline of the extent of your supervision. If you need additional room, please continue on a separate document.

I, \_\_\_\_\_, hereby attest that I possess a full and unrestricted license to practice osteopathic medicine, an active Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDD) permit, and an active Drug Enforcement Agency (DEA) permit

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_