



The document shall be completed and submitted for each mid-level practitioner you supervise or plan to. Upon completion of this document, email to 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.

"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.

(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. Under no circumstance shall the Executive Director approve more than ten (10) mid-level practitioners without expressed approval 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.

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:** _____