

**NOTICE**  
The fee for amending this contract is \$25.00

**PHYSICIAN ASSISTANT SUPERVISION CONTRACT**

THIS AGREEMENT is made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between one or more physicians who practice medicine in the State of North Dakota, including \_\_\_\_\_, (NAME) M.D./D.O., who will act as Primary Supervising Physician and \_\_\_\_\_, (NAME) PA-C, of \_\_\_\_\_, (ADDRESS) \_\_\_\_\_, (CITY) \_\_\_\_\_, (STATE) \_\_\_\_\_, (ZIP) \_\_\_\_\_.

The physician assistant will practice in the following locations:

1. \_\_\_\_\_ (NAME OF FACILITY WHERE PHYSICIAN ASSISTANT WILL PRACTICE)  
\_\_\_\_\_, (ADDRESS) \_\_\_\_\_, (CITY) \_\_\_\_\_, (STATE) \_\_\_\_\_, (ZIP) \_\_\_\_\_  
\_\_\_\_\_, (TELEPHONE) \_\_\_\_\_, (ANTICIPATED STARTING DATE) \_\_\_\_\_

Physician Assistant will be employed (paid) by: \_\_\_\_\_

2. \_\_\_\_\_ (NAME OF FACILITY WHERE PHYSICIAN ASSISTANT WILL PRACTICE)  
\_\_\_\_\_, (ADDRESS) \_\_\_\_\_, (CITY) \_\_\_\_\_, (STATE) \_\_\_\_\_, (ZIP) \_\_\_\_\_  
\_\_\_\_\_, (TELEPHONE) \_\_\_\_\_, (ANTICIPATED STARTING DATE) \_\_\_\_\_

Physician Assistant will be employed (paid) by: \_\_\_\_\_

3. \_\_\_\_\_ (NAME OF FACILITY WHERE PHYSICIAN ASSISTANT WILL PRACTICE)  
\_\_\_\_\_, (ADDRESS) \_\_\_\_\_, (CITY) \_\_\_\_\_, (STATE) \_\_\_\_\_, (ZIP) \_\_\_\_\_  
\_\_\_\_\_, (TELEPHONE) \_\_\_\_\_, (ANTICIPATED STARTING DATE) \_\_\_\_\_

Physician Assistant will be employed (paid) by: \_\_\_\_\_

WHEREAS, the physician assistant is duly qualified under the applicable rules and regulations of the North Dakota State Board of Medical Examiners, it is hereby agreed that:

1. The physicians who sign this agreement will supervise the physician assistant in accordance with the rules and regulations of the North Dakota State Board of Medical Examiners. The physician assistant agrees to faithfully and to the best of his/her knowledge and skill, to assist the physician(s) in the practice of medicine. By this contract it is contemplated that the physician(s) will assign certain duties to be performed by the physician assistant. The physician assistant will perform only those duties and responsibilities that are delegated by the physician(s). The physician(s) will not delegate to the physician assistant any duty or responsibility for which the physician assistant has not been adequately trained. The physician assistant is the agent of the physician(s) in the performance of all practice-related activities. The physician assistant will provide patient care only in those areas of medical practice where the physician(s) provides patient care.
2. During the term of this agreement, the physician assistant shall comply with all proper directions and orders of the physician(s) and shall comply with all rules and regulations of the North Dakota State Board of Medical Examiners governing physician assistants.

