



West Virginia Board of Medicine

101 Dee Drive, Suite 103
Charleston, West Virginia 25311
Telephone: (304) 558-2921
Website: www.wvbom.wv.gov

GUIDELINES FOR DESIGNATING AN ALTERNATE COLLABORATING PHYSICIAN

Complete Appendix B to designate an alternate collaborating physician. The form submitted to the Board must contain all original signatures.

Instructions for collaborating physician and PA:

Section 1: Provide your full name and sign in the appropriate place.

Instructions for alternate collaborating physician:

Section 2: Provide the requested identification and contact information.

Section 3: Describe your scope of practice. List your primary specialty and, if applicable, your secondary specialty.

Section 4: Review and execute the attestation. If the alternate collaboration includes the delegation of advanced duties in a hospital or ambulatory surgical facility, please certify that you are credentialed at the practice location and submit a copy of your delineation of privileges with Appendix B.

When designating an alternate collaborating physician, please remember:

1. Alternate collaboration must conform with the terms of an approved practice agreement, and all delegated medical acts must fall within the scopes of practice of the collaborating physician and the alternate collaborating physician.
2. Physicians may collaborate with five PAs at one time. In a hospital or ambulatory surgical center setting, physicians may collaborate with up to five PAs per shift. PAs under alternate collaboration are included in a physician's total number of collaborating PAs.
3. The period of alternate collaboration may not exceed forty-five consecutive days. In the event of the sudden departure, incapacity or death of a collaborating physician, an alternate collaborating physician may continue to collaborate with a PA for up to fifteen days after the event. Thereafter, the PA and alternate collaborating physician must submit a new practice agreement to continue collaboration.
4. When an alternate collaboration arrangement is dissolved, notify the Board within ten days. E-mail notification is acceptable if submitted by the e-mail address of record for the PA, collaborating physician and/or alternate collaborating physician.

If you have any questions, please contact Diane Callison at Diane.M.Callison@wv.gov.

WEST VIRGINIA BOARD OF MEDICINE PRACTICE AGREEMENT APPENDIX B

ALTERNATE COLLABORATING PHYSICIAN INFORMATION

1. PHYSICIAN ASSISTANT AND PRIMARY COLLABORATING PHYSICIAN INFORMATION:	
Name of Physician Assistant:	Name of Collaborating Physician:
Original Signature of Physician Assistant:	Original Signature of Collaborating Physician:
2. ALTERNATE COLLABORATING PHYSICIAN INFORMATION:	
Name of Alternate Collaborating Physician:	Professional Suffix (M.D., D.P.M., or D.O.):
West Virginia License #:	Preferred Contact Method:
Cell #: Work #:	E-mail Address:
3. ALTERNATE COLLABORATING PHYSICIAN SCOPE OF PRACTICE: Please describe your scope of practice.	
Primary Specialty: _____ Secondary Specialty: _____	
4. ATTESTATION	
<p>I hereby attest that I have been furnished a copy of the practice agreement for the listed physician assistant. I accept the responsibility of collaborating with this PA in the absence of his or her collaborating physician. My collaboration with the physician assistant will comply with the terms established in the practice agreement. If my collaboration with this PA includes the delegation of advanced duties in a hospital or ambulatory surgical facility, I hereby certify that I am credentialed at the practice location in question, and I have submitted a copy of my delineation of privileges with this form.</p>	
<p>_____ Alternate Collaborating Physician's Original Signature</p>	<p>_____ Date</p>