

**2023 REQUEST FOR AUTHORIZATION TO SERVE AS AN UNCOMPENSATED
PHYSICIAN ASSISTANT VOLUNTEER FOR A SUMMER CAMP OR PUBLIC
OR CHARITABLE FUNCTION – Out of State Licensee**

By placing my signature hereupon, I attest that the information provided on this Request for Authorization is true and complete. In addition, I attest that: A) the organizers of the summer camp or community event have arranged for a collaborating physician to be available as needed; B) my scope of practice shall be limited to the practice of medical acts which are within my education, training and experience; and C) I will not prescribe any controlled substances or prescription drugs as part of my practice at the above referenced event.

Signature

Date