

**Physician Assistant Practice Notification  
Form A**

**Form A.** If the physician assistant holds a license that is subject to probation or any other practice restrictions and/or limitations, the physician assistant and health care facility representative are required to complete and submit this form in association with a Practice Notification.

- 1. Practice Restrictions/Limitations.** Specifically explain and describe the physician assistant's practice restrictions and/or limitations:

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- 2. Certifications.** The health care facility representative and physician assistant completing this Practice Notification hereby certify that:

- a. The health care facility is aware of the physician assistant's practice restrictions and/or limitations; and
- b. The physician assistant's health care facility practice shall comport with all practice restrictions and/or limitations.

**Physician Assistant**

**Health Care Facility Representative**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Original Signature

\_\_\_\_\_  
Original Signature

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Date

\_\_\_\_\_  
Date