



South Carolina Department of Labor, Licensing and Regulation

Board of Medical Examiners

110 Centerview Drive, Suite 202, P.O. Box 11289

Columbia, South Carolina 29211-1289

(803) 896-4500

APPLICATION FOR PRESCRIPTIVE AUTHORITY

PHYSICIAN ASSISTANT NAME: _____

I acknowledge, understand, and assume my responsibilities as supervising physician of the above named Physician Assistant for prescriptive authority. I understand that should a Physician Assistant acting under my supervision engage in illegal conduct, I shall be subject to discipline under the Medical Practice Act. I further understand and agree that if the Physician Assistant engages in any unprofessional, unethical or illegal conduct, that I will promptly report such action in writing to the State Board of Medical Examiners of South Carolina.

The Medication formulary shall consist of those medications appropriate to the treatment of patients in this practice setting including prescribing medical devices, excluding any Substance II Controlled Medications, Ophthalmic Steroids, MAO inhibitors, Anabolic Steroids, Sublingual Nifedipine for Blood Pressure control or initiation of Class III Antiarrhythmics. Accutane (Isotretinoin), Blood products, and Chemotherapy agents may be approved for refill only. Toradol may not be prescribed for more than 5 days.

If the Physician Assistant wishes to prescribe Schedule III-V drugs, an application for a Controlled Substances registration must be obtained from DHEC-Division of Narcotic and Drug Control for a controlled substance license at (803) 896-0634.

Supervising Physician Signature

Date

Physician Assistant Signature

Date

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BOARD APPROVAL:

PRESCRIPTIVE AUTHORITY NUMBER: _____

APPROVED BY BOARD: _____ **DATE:** _____

CONTROL # _____
CHECK # _____
AMOUNT \$ _____

Prescriptive Authority fee: \$40