Professional Licensing Agency 402 West Washington Street Room W072 Indianapolis, Indiana 46204



Mike Braun Governor of Indiana Lindsay M. Hyer IPLA Executive Director

PHYSICIAN ASSISTANT COLLABORATIVE AGREEMENT CHECKLIST	
	Is the name and license number of the Physician Assistant and the Collaborating Physician included in the opening paragraph of the Collaborative Agreement?
	Is the Collaborative Agreement specific to the Physician Assistant?
	Is the Collaborative Agreement on Letterhead?
	Is the Collaborative Agreement Completely Typed?
Do	es the Physician Assistant have Prescriptive Authority?
	If you check "NO", please include a completed Prescriptive Authority Application if the P.A. will be prescribing
Type of Collaborative Agreement (check one)	
	Can the P.A. Only prescribe Non-Controlled Substances? Can the P.A. prescribe Controlled Substances?
*ATTENTION! AS OF JULY 1, 2016, A LIST OF MEDICATIONS THAT THE PHYSICIAN ASSISTANT WILL BE PRESCRIBING IS <u>NO LONGER REQUIRED</u> IN THE AGREEMENT.	
	All Collaborative Agreements MUST include the following sections
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	(please see the sample agreement under the Physician Assistant profession of our website): These items must be listed on the first page of the agreement:
	(please see the sample agreement under the Physician Assistant profession of our website): These items must be listed on the first page of the agreement: Name of Physician Assistant and Collaborating Physician
	(please see the sample agreement under the Physician Assistant profession of our website): These items must be listed on the first page of the agreement: Name of Physician Assistant and Collaborating Physician Full business address and telephone number listed under Physician Assistant and Collaborating Physician
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Collaborative Agreements with Controlled Substance prescribing MUST include the following:	
Must clearly state that the Physician Assistant may not prescribe a Schedule I Controlled Substance in the Prescriptive Authority section	
Must clearly state that the Physician Assistant will be prescribing Controlled Substances in the Prescriptive Authority section	
Must have printed name of Physician Assistant and Collaborating Physician, including printed dates, below the signature line on the last page of the agreement	
Collaborative Agreements for prescribing Non-Controlled Substances MUST include the following	
Must clearly state that the Physician Assistant may <u>not</u> prescribe any Controlled Substances in the Prescriptive Authority section	
Prescribing Protocol must be included in the agreement	
Must have printed name of Physician Assistant and Collaborating Physician, including printed dates, below the signature line on the last page of the agreement	
* The Collaborative Agreement may include additional sections pertaining to Physician Assistant	

requirements that are exclusive to company policies, however, the requirements outlined in this checklist must be included in the agreement as well.

<u>For additional information regarding Physician Assistant Collaborative Agreements, please</u>
<u>visit: www.in.gov/pla/2587.htm and select "Collaborative Agreement Sample"</u>