WPPA, Inc. ProviDRs Care
1102 S. Hillside
Wichita, KS 67211

WPPA, INC. PROVIDRS CARE™ Network

Controlled Substance Verification Form

(Please Print or Type)

Physician Assistant's Name:_____ License Number: _____
Expiration Date:_____

Responsible Physician Name:_____ License Number: _____

A Drug Prescription Protocol as authorized by the responsible physician must be submitted to authoritative board for the physician assistant to prescribe drugs or request, receive, sign for and distribute to patients professional samples. Further, in no case shall the scope of the authority of the physician assistant to prescribe drugs, exceed the normal and customary practice of the responsible physician in the prescribing of drugs. To prescribe controlled substances, the physician assistant must register with the Drug Enforcement Administration.

Current Office Address: _____

_____

A change in principal place of business needs to be reported within 10 days.

The physician assistant is authorized to prescribe controlled substances as follows:

	NONE	ALL	ALL Except Specify
Schedule II			
Schedule II-N			
Schedule III			
Schedule III-N			
Schedule IV			
Schedule V			

Exceptions:_____

INFORMATION PERTAINING TO DEA REGISTRATION	YES	NO
1. Responsible physician has a current DEA number?		
2. Physician Assistant has a current DEA number?		
3. Responsible physician and physician assistant have DEA registrations for prescribing of controlled substances all schedules?		

If the answer is "no" to any of the above questions, please provide explanation:_____

_____

_____

The physician assistant is authorized to prescribe **non-controlled** drugs as follows:

	NONE Within Class	**ALL Within Class**	**ALL Except** **Specify Below**
Analgesics (non-narcotic			
Anthelminthics			
Antibiotics			
Antifungals			
Antihistamines			
Antihypertensives			
Antinauseants			
Antispasmodics			
Bronchodilators			
Contraceptives			
Cough Suppressants			
Cardiac Drugs			
Decongestants			
Diuretics			
Expectorants			
Estrogens			
Progesterone Preparations			
Hemorrhoidal Preparations			
Injectables			
Skeletal Muscle Relaxants			
Topical Ophthalmic Preparations, Except Steroids			
Otic Preparations			
Vaginitis Preparations			
Vitamins and Minerals			
Topical Preparations			
Steroids			
Anti-Anxiety and Anti Depressants			
Other (SPECIFY BELOW)			

Other/Exceptions: _____

The physician assistant's authority to request, receive and sign for professional samples and to distribute professional samples to patients is identical to the physician assistant's authority to prescribe non-controlled substances, except: _____

_____

_____

Responsible Physician _____ Date: _____

Physician Assistant: _____ **Date:** _____

MID-LEVEL PRACTITIONER CLINICAL PRACTICE GUIDELINES

_____
APPLICANT

PA/APRN is to mark each procedure being requested.
Column 1 may be done by PA/APRN when physician is present.
Column 2 may be done by PA/APRN when physician is not present.

REQUESTED	PROCEDURES	COLUMN 1	COLUMN 2
( )	Perform & dictate a complete history	( )	( )
( )	Perform & dictate a physical examination	( )	( )
( )	Write Progress Notes	( )	( )
( )	Dictate discharge summaries	( )	( )
( )	Obtain post mortem consents	( )	( )
( )	Draw blood specimens	( )	( )
( )	Catheterization	( )	( )
( )	Perform arterial punctures	( )	( )
( )	Venous punctures	( )	( )
( )	Determine visual fields	( )	( )
( )	Pass nasogastric tubes	( )	( )
( )	Perform Pap smears	( )	( )
( )	Perform gastric lavage & gavage	( )	( )
( )	Perform skin biopsies	( )	( )
( )	Perform I & D of superficial abscess	( )	( )
( )	Perform venous cutdowns	( )	( )
( )	Removal of minor skin lesions	( )	( )
( )	Removal of ingrown toenails	( )	( )
( )	Assist in surgery	( )	( )
( )	Assist in recovery	( )	( )
( )	Order inhalation therapy	( )	( )
( )	Order IV Fluids	( )	( )
( )	Order Medications	( )	( )
( )	Order Diet Therapy	( )	( )
( )	Order Patient Activities	( )	( )
( )	Order X-ray examinations	( )	( )
( )	Order Laboratory procedures	( )	( )
( )	Order EKG's	( )	( )
( )	Order EEG's	( )	( )
( )	Order audiometry tests	( )	( )
( )	Order ambulance	( )	( )
( )	Order physical therapy	( )	( )
( )	Order consultations	( )	( )
( )	Apply casts	( )	( )
( )	Order Isolation	( )	( )
( )	Removal of casts	( )	( )
( )	Removal of superficial foreign bodies	( )	( )
( )	Spinal Tap	( )	( )
( )	Thoracentesis	( )	( )
( )	Paracentesis	( )	( )
( )	Sigmoidoscopy	( )	( )
( )	Perform emergency life saving procedures in the presence of life threatening situations such as cardiac or respiratory arrest, massive hemorrhage, etc.	( )	( )
( )	Perform intubations	( )	( )

REQUESTED	PROCEDURES	COLUMN 1	COLUMN 2
( )	Insert central lines	( )	( )
( )	Remove central lines	( )	( )
( )	Insert transvenous pacemakers	( )	( )
( )	Set large bone fractures or dislocations	( )	( )
( )	Set small bone fractures or dislocations	( )	( )
( )	Code blue team leader	( )	( )
( )	Admit patient for physician	( )	( )
( )	Removal of foreign body from eye	( )	( )
( )	Perform joint aspirations	( )	( )
( )	Perform bone marrow aspirations & biopsy	( )	( )
( )	Provide intensive care on ambulance	( )	( )
( )	Perform laryngoscopy	( )	( )
( )	Perform tracheotomy	( )	( )
( )	Perform cricothyrotomy	( )	( )
( )	Perform nerve blocks	( )	( )
( )	Perform cryocautery, chem. cautery & electrocautery	( )	( )
( )	Evaluate & treat emergency room patients (within limits of ability of the care provider)	( )	( )
( )	Psychotherapy	( )	( )
( )	All nursing procedures	( )	( )
( )	Please list below other privileges requested:	( )	( )
( )		( )	( )
( )		( )	( )
( )		( )	( )

_____
Mid-Level Practitioner

Date: _____

_____
Supervising Physician

Date: _____

Please send the following additional items with the network application:

- Office Protocol to include Prescription Drug Protocol
- DEA Certificate
- Physician Assistant license
- Certification of completion of approved Physician Assistant program (diploma)
- National Certification Certificate
- Current Professional Liability Insurance face sheet
- W-9 form
- EDI Clearinghouse name
- Practice/Location NPI Number

_____
Secondary Supervising Physician

Date: _____