



Guam Board of Allied Health Examiners

194 Hernan Cortez Ave., Terlaje Prof. Bldg., Ste. 213

Hagåtña, Guam 96910

Collaborative Practice Agreement for Physician Assistants

The Physician Assistant (PA) will only prescribe medicines outlined in the list below under the supervision of his or her Supervising Physician. The Supervising Physician and the PA will determine the appropriate medications to be prescribed under his or her scope of practice and submit the Collaborative Practice Agreement (CPA) to the Guam Board of Allied Health Examiners (GBAHE), the Guam Board of Medical Examiners (GBME), and the Guam Board of Examiners for Pharmacy (GBEP).

The original CPA will be kept in the Physician Assistant’s file at the Health Professional Licensing Office (HPLO).

The PA may prescribe from these categories checked in the following list:

A. Drugs:

Exceptions applicable to each category:

- 01 Anesthetics
- 02 Anti-Infective
- 03 Anti-Neoplastics/Immunosuppressants
- 04 Cardiovascular Medications
- 05 Autonomic/CNS Drugs
- 06 Dermatologic Drugs
- 07 Diagnostic Agents
- 08 Ear-Nose-Throat Medications
- 09 Endocrine Medications
- 10 Gastrointestinal Medications
- 11 Immunologicals and Vaccines
- 12 Muskuloskeletal Medications
- 13 Nutritional Products, Electrolytes and Blood Modifiers
- 14 OB/GYN Medications
- 15 Ophthalmic Medications
- 16 Respiratory Medications
- 17 Urological Medications
- 18 Poisoning and Drug Dependence
- 19 Analgesics
- 20 Stimulants
- 21 Tranquillizers

B. Controlled Substances:

- Schedule II Schedule IV
 Schedule III Schedule V

Identification:

_____	DEA Certificate Number
Name of Physician Assistant (Print & Signature)	_____
_____	DEA Certificate Number
Name of Supervising Physician (Print & Signature)	_____

Practice Sites:

_____	_____
Name of Primary Practice Site on Guam	Practice Setting
Location Address: _____	_____
(Street)	(City) (State) (Zipcode)

_____	_____
Name of Secondary Practice Site on Guam	Practice Setting
Location Address: _____	_____
(Street)	(City) (State) (Zipcode)

I, _____, Physician Assistant, and
_____, MD/DO, the Supervising
Physician, agree to the following scope of practice:

The Physician Assistant (PA) working in this practice will provide medical services within the education, training and experience of the PA that are delegated by and within the scope of practice of the Supervising Physician. These services include but are not limited to: histories and physical examinations (surface, oral, rectal and pelvic); ordering and/or performing diagnostic and therapeutic procedures; formulating a working diagnosis; developing and implementing a treatment plan; prescribing medications and other treatment modalities; monitoring the effectiveness of therapeutic interventions; assisting at surgery; performing minor surgical procedures including wound treatments, skin and soft tissue debridements, closures, biopsies, incision and drainage of abscesses; splinting and casting of minor fractures; offering counseling and education to meet patient needs; and making appropriate referrals. The PA will work under indirect supervision with a high degree of independence and will confer with the Supervising Physician when necessary to determine appropriate diagnosis, treatment or referral.

C. Procedures Performed by the Physician Assistant:

Exceptions applicable to each category:

- Administration of local and digital anesthesia
- Complicated laceration repair to include suturing, stapling and adhesives
- Uncomplicated laceration repair to include suturing, stapling and adhesives
- Removal of foreign bodies from eyes, nose, skin and wounds
- Minor surgical procedures, such as skin biopsies, mole, cyst and wart removals
- Drainage of subungual hematomas
- Incision and drainage of abscesses
- Urethral catheterization
- Pelvic examination, diagnostic and therapeutic
- Placement of peripheral venous access
- Placement of intraosseous route
- Endotracheal intubation
- Advanced cardiac life support procedures
- Venipuncture
- Application of splints and casts
- Arthrocentesis
- Reduction of closed dislocations

Name of Physician Assistant (Print & Signature)

Date

Name of Supervising Physician (Print & Signature)

Date