NEVADA STATE BOARD OF MEDICAL EXAMINERS

TRANSITIONAL LIMITED PHYSICIAN LICENSE | WRITTEN PRACTICE AGREEMENT

Instructions: This Affidavit must be completed by the Transitional Physician and the Supervising Physician and submitted directly to the Nevada State Board of Medical Examiners (Board) at 9600 Gateway Drive, Reno, NV 89521, or by email to sb124info@medboard.nv.gov.

Section I: Preliminary Information

Transitional Physician Name:

Primary Mailing Address:

Date of Birth:

Telephone:

Email Address:

Transitional Physician Application Number (if any):

Supervising Physician Name:

Supervising Physician Nevada License Number:

Practice Specialty: ☐ Internal Medicine ☐ Family Medicine ☐ Pediatrics

Subspecialties (please list, if any):

Please Note: Transitional physicians may only practice internal medicine, geriatric medicine, family medicine, and hospice and palliative medicine*. See NRS 630.2667(8)(a)(3). *Denotes that this is a subspecialty of internal medicine or family medicine and these subspecialties are permissible for transitional physicians.*

Practice Location(s):

Instructions: For Practice Location Type, please indicate whether it is a hospital or medical group or other facility. The Supervising Physician and the Transitional Physician shall collaborate on and fully discuss the contents of this Written Practice Agreement prior to submitting it to the Board. However, the Supervising Physician is ultimately responsible for all of the delegations and authority given to the Transitional Physician in this document and by signing this document, the Supervising Physician is affirmatively making these delegations and/or instituting these limitations on the scope of medical services to be provided by the Transitional Physician. This Written Practice Agreement is anticipated to change over time, and all amendments must be submitted to the Board and approved by the Board prior to becoming effective.

Practice Location Type:

Section II: Written Practice Agreement

Pursuant to this Written Practice Agreement, the Transitional Physician may perform the following services:

The Transitional Physician is ☐ is not ☐ limited in prescribing/dispensing medications. If there are any limitations on the Transitional Physician's ability to prescribe medications, please include them here:

The Transitional Physician may delegate the following tasks to a medical assistant:

The Transitional Physician is prohibited from providing the following services:

The Transitional Physician will be compensated as follows:

The Transitional Physician will work the following hours/schedule:

The Transitional Physician may provide the following medical services while the Supervising Physician is not physically present on the premises:

> *Please Note: The Supervising Physician must still be available to communicate with the Transitional Physician by phone or other electronic means while the Transitional Physician is providing these medical services. If the Supervising Physician is not available for real-time communication while the Transitional Physician is providing these services, an approved Substitute Supervising Physician must be utilized during that time period.*

A Program of Supervision for the Transitional Physician is attached to this Written Practice Agreement and is fully incorporated into this Written Practice Agreement, as Exhibit A. Yes ☐ No ☐

> *Instructions: The Program of Supervision should include the anticipated meeting schedule/frequency between the Supervising Physician and the Transitional Physician, the number/percentage of patient charts that the Supervising Physician will review each month, the method that the Transitional Physician will utilize real time to consult with the Supervising Physician when necessary while providing patient care, the method that the Transitional Physician will utilize to flag a patient chart specifically for review by the Supervising Physician, any reading or continuing education assigned to the Transitional Physician by the Supervising Physician, including but not limited to NRS and NAC Chapters 453, 454, 629, 630, and 639 as required by §18 of LCB File No. R112-25, introduction and access by the Transitional Physician to relevant medical books, treatises, and other resources needed to learn from and reference while providing patient care, the ability for the Transitional Physician to engage in self-evaluation and request training and learning opportunities in specified areas, a plan for networking to introduce the Transitional Physician into the professional medical community, scheduled regular assessments of the competency of the Transitional Physician in all areas designated in the required Board reporting. The Program of Supervision shall also include other provisions and metrics necessary to ensure that the Transitional Physician practices medicine in a safe and competent manner, such as a structure to facilitate improving the skills of the Transitional Physician, when necessary. Information documented according to the Program of Supervision should be used to complete the reporting required pursuant to §19 of LCB File No. R112-25.*

Section III: Substitute Supervising Physician(s)

Please Note: Not more than two physicians may be designated as Substitute Supervising Physicians for the Transitional Physician. The Substitute Supervising Physicians shall provide supervision to the Transitional Physician while the Supervising Physician is not physically on the premises where the Transitional Physician is providing medical services or when the Supervising Physician is not able to communicate with the Transitional Physician by telephone or other electronic means if the Supervising Physician has authorized the Transitional Physician to provide some medical services while he or she is not on the premises. The relationship between the Supervising Physician and the Transitional Physician is intended to be a one-on-one learning relationship, as much as possible, and Substitute Supervising Physicians are intended to supplement the supervision of a Transitional Physician, and not to become the Transitional Physician's main supervisor or main supervision contact.

Primary Substitute Supervising Physician:

Name:

Nevada License Number:

Specialty:*

Practice Location:

***The Primary Substitute Supervising Physician's specialty must be the same as the Supervising Physician's and the Transitional Physician's. A separate notarized Declaration must be signed and submitted by the Primary Substitute Supervising Physician directly to the Board, and this Declaration must be approved by the Board prior to the Primary Substitute Supervising Physician supervising the Transitional Physician.*

Secondary Substitute Supervising Physician:

Name:

Nevada License Number:

Specialty:*

Practice Location:

***The Secondary Substitute Supervising Physician's specialty must be the same as the Supervising Physician's and the Transitional Physician's. A separate notarized Declaration must be signed and submitted by the Primary Substitute Supervising Physician directly to the Board, and this Declaration must be approved by the Board prior to the Primary Substitute Supervising Physician supervising the Transitional Physician.*

Section IV: Notification to the Board Pursuant to §21(3)of LCB File No. R112-2

Please Note: If the Supervising Physician is unavailable to supervise the Transitional Physician for more than 14 consecutive days, the Supervising Physician must notify the Board and arrange for the supervision of the Transitional Physician during that time period by an approved Substitute Supervising Physician listed in Section III of this Written Practice Agreement. Such a Notification should be made in writing and sent to sb124info@medboard.nv.gov. The Notification should include both the Transitional Physician's and Supervising Physician's names, the dates that the Supervising Physician will be unavailable, the name of the approved Substitute Supervising Physician responsible for supervising the Transitional Physician during that time period, and any other relevant information.

I, , Supervising Physician for Transitional Physician, , understand the requirement in §21(3)of LCB File No. R112-2 and notify the Board if necessary pursuant to this Section.

Supervising Physician Initials: _____

Section V: Notarized Declarations

I declare under penalty of perjury under the law of the State of Nevada that the foregoing statements are true and correct, and I understand that submission of false or misleading information to the Board constitutes grounds for disciplinary action.

DATED this day of , 20 .

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TRANSITIONAL PHYSICIAN

SUBSCRIBED and SWORN before me by
in the presence of (notary)
on this day of , 20 .

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NOTARY PUBLIC

I declare under penalty of perjury under the law of the State of Nevada that the foregoing statements are true and correct, and I understand that submission of false or misleading information to the Board constitutes grounds for disciplinary action.

DATED this day of , 20 .

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SUPERVISING PHYSICIAN

SUBSCRIBED and SWORN before me by
in the presence of (notary)
on this day of , 20 .

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NOTARY PUBLIC

FOR BOARD USE ONLY:

Affidavit Received:	