



**Physician Assistant  
Prescribing Notification**

Board of Medicine  
P.O. Box FL 6330  
Tallahassee 32314-6330  
Fax: (850) 488-0596

Email: [MQA.PhysicianAssistant@FLHealth.gov](mailto:MQA.PhysicianAssistant@FLHealth.gov)

A supervisory physician must notify the Board of Medicine of his or her intent to delegate prescribing authority to a licensed Physician Assistant prior to delegating such authority. This form may be used as a template for the supervisory physician to delegate prescribing authority to a licensed Physician Assistant. No fee is required.

A supervisory physician may delegate to a licensed Physician Assistant the authority to prescribe any medication used in the supervisory physician's practice unless such medication is listed in Rule 64B8-30.008 or Rule 64B15-6.0038, Florida Administrative Code. A prescribing Physician Assistant may only dispense medications for a supervisory physician who is registered with the Board of Medicine as a dispensing practitioner in compliance with section 465.0276, Florida Statutes. Attach additional copies of this form if necessary.

Supervisory Physician Name: \_\_\_\_\_  
First Middle Last/Surname

Supervisory Physician License Number: \_\_\_\_\_

The supervisory physician identified above has delegated prescribing authority to the Physician Assistant(s) listed below:

Physician Assistant's Name:	
Physician Assistants License Number: PA	
Physician Assistant's Name:	
Physician Assistant's License Number: PA	
Physician Assistant's Name:	
Physician Assistant's License Number: PA	
Supervisory Physician Signature:	Effective Date (MM/DD/YYYY):

I hereby withdraw prescribing authority for the Physician Assistant(s) identified above and deem all prescribing authority canceled effective: \_\_\_\_\_  
MM/DD/YYYY

Supervisory Physician Signature: \_\_\_\_\_