

COLLABORATIVE PRACTICE ATTESTATION FOR PHYSICIAN ASSISTANTS**Minnesota Statutes, section 147A.02(c) states the following:**

A physician assistant who qualifies for licensure must practice for at least 2,080 hours, within the context of a collaborative agreement, **within a hospital or integrated clinical setting** where physician assistants and physicians work together to provide patient care. The physician assistant shall submit written evidence to the board with the application, or upon completion of the required collaborative practice experience. For purposes of this paragraph, a collaborative agreement is a mutually agreed upon plan for the overall working relationship between a physician assistant, and one or more physicians licensed under chapter 147, or licensed in another state or United States territory, that designates the scope of collaboration necessary to manage the care of patients. The physician assistant and one of the collaborative physicians must have experience in providing care to patients with the same or similar medical conditions. The collaborating physician is not required to be physically present so long as the collaborating physician and physician assistant are or can be easily in contact with each other by radio, telephone, or other telecommunication device.

• Type or print clearly • Provide all information • Do not use initials or abbreviations

APPLICANT/LICENSEE INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	
STREET ADDRESS			
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
BIRTH DATE (mm/dd/yyyy)			

I have reviewed Minnesota Statute § 147A.02(c) above and affirm that **(one box must be checked)**:

- ☐ I **have not** completed 2,080 hours of collaborative practice as outlined in this section of Minnesota Statutes.
(with a licensed physician, outside of an education program)
- ☐ I **have** completed 2,080 hours of collaborative practice as outlined in this section of Minnesota Statutes.
(with a licensed physician, outside of an education program)

Completion Date (if completed): _____

I understand that if I have not completed 2,080 hours of collaborative practice, that I am to submit this form at the time of application and resubmit upon completion of 2,080 hours. The information asked is to provide confirmation of completed 2,080 hours of practice within the context of a collaborative agreement, as outlined in this section of Minnesota Statutes.

Select Minnesota or Other State/U.S. Territory in which your collaborating physician is licensed (if there is more than one, report the physician with whom you collaborated the most): ☐ Minnesota ☐ Other State

The undersigned does hereby affirm that the above statement is true and correct.

Print Name_____
Signature_____
Date (mm/dd/yyyy)