

COLLABORATIVE PRACTICE VERIFICATION 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 and collaborative arrangement between a physician assistant, and one or more physicians licensed under chapter 147, that designates the scope of services that can be provided 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.

The information you are asked to provide on the attached affidavit will confirm completion of 2,080 hours of practice within the context of a collaborative agreement, as outlined in this section of Minnesota Statutes.

• 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) | | | |

COMPLETE THE AFFIDAVIT OF COLLABORATIVE PRACTICE
AND SUBMIT WITH THIS FORM
to the MINNESOTA BOARD OF MEDICAL PRACTICE

AFFIDAVIT OF COLLABORATIVE PRACTICE
COMPLETE ONLY ONE OF A, B, or C

At the time of initial application, select only A or B.

When you complete 2,080 hours of collaborative practice, please submit an Affidavit selecting option C.

A. I have reviewed Minnesota Statute § 147A.02(c) and affirm that **I have completed 2,080 hours** of collaborative practice as outlined in this section of Minnesota Statutes.

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

Print Name

Legal Signature

Date (mm/dd/yyyy)

B. I have reviewed Minnesota Statute § 147A.02(c) and affirm that **I have NOT completed 2,080 hours** of collaborative practice as outlined in this section of Minnesota Statutes.

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

Print Name

Legal Signature

Date (mm/dd/yyyy)

C. I have reviewed Minnesota Statute § 147A.02(c) and affirm that **I have NOW completed 2,080 hours** of collaborative practice as outlined in this section of Minnesota Statutes.

Date of completion (mm/dd/yyyy)

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

Print Name

Legal Signature

Date (mm/dd/yyyy)

ADDITIONAL REQUIREMENTS

You may be required to apply for a Drug Enforcement Administration (DEA) registration and register an account with the Minnesota Prescription Monitoring Program (PMP).

To obtain an application for a DEA number/registration:

Access the DEA website at <https://www.deadiversion.usdoj.gov/> or call the DEA Regional Field Office at 612-344-4136.

Once you have obtained a DEA number/registration, you may also be required to register and maintain a user account with the Minnesota Prescription Monitoring Program, pursuant to Minnesota Statute § 151.126, Subd. 6(c):

By July 1, 2017, every prescriber licensed by a health-related licensing board listed in section [214.01, subdivision 2](#), practicing within this state who is authorized to prescribe controlled substances for humans and who holds a current registration issued by the federal Drug Enforcement Administration, and every pharmacist licensed by the board and practicing within the state, shall register and maintain a user account with the prescription monitoring program. Data submitted by a prescriber, pharmacist, or their delegate during the registration application process, other than their name, license number, and license type, is classified as private pursuant to section [13.02, subdivision 12](#).

To register an account with the PMP, follow this link:

<http://pmp.pharmacy.state.mn.us/pmp-user-registration-and-resources.html> or contact the PMP at 651-201-2836 or minnesota.pmp@state.mn.us