



PHYSICIAN ASSISTANT COLLABORATIVE AGREEMENT

THIS COLLABORATIVE AGREEMENT ALLOWS A PHYSICIAN ASSISTANT LICENSED BY THE COLORADO MEDICAL BOARD PURSUANT TO SECTION 12-240-113 TO PERFORM ACTS WITHIN THE PHYSICIAN ASSISTANT'S EDUCATION, EXPERIENCE, AND COMPETENCY THAT CONSTITUTE THE PRACTICE OF MEDICINE AND ACTS THAT PHYSICIANS ARE AUTHORIZED BY LAW TO PERFORM TO THE EXTENT AND IN THE MANNER AUTHORIZED BY RULES PROMULGATED BY THE BOARD, INCLUDING PRESCRIBING AND DISPENSING MEDICATION, INCLUDING CONTROLLED SUBSTANCES.

This Collaborative Agreement is entered into between:

Physician Assistant: _____ CO License Number: _____

Physician or Physician Group: _____ CO License Number: _____

Physician Assistant's Primary Location of Practice: _____

This agreement is kept on file at the physician assistant's primary location of practice and will be made available to the Colorado Medical Board upon request.

I. Process for Collaboration.

Describe the process for and degree of collaboration based on the physician assistant's primary location and area of practice:

II. Collaboration Requirements.

a. *Decisions to be made by the physician or physician group:*

b. *Credentialing or privileging requirements of the physician assistant's primary location of practice:*

- c. *Additional requirements specific to the physician assistant's practice not already identified above, if any, including additional levels of oversight, limitations on autonomous judgment, and the designation of a primary contact for collaboration:*

III. Description of the Performance Evaluation Process.

IV. Applicability of Supervisory Agreement (select one).

_____ The physician assistant has completed **more than 5000 hours** of practice, **more than 3000 hours** of practice in a new practice area, and **does not work in an emergency department of a hospital that is a Level I or Level II trauma center. Sections V and VI are not required.** The parties may sign this Collaborative Agreement without completing Sections V (Additional Elements of the Collaborative Agreement) and VI (Termination of Section V) of this Collaborative Agreement.

_____ This physician assistant has completed **less than 5000 hours** of practice, **less than 3000 hours** of practice in a new practice area, and/or **does work in an emergency department of a hospital that is a Level I or II trauma center. Section V and VI are required.** The Collaborative Agreement is required to serve as a Supervisory Agreement. Proceed to and complete Sections V (Additional Elements of the Collaborative Agreement) and Section VI (Termination of Section V) of this Collaborative Agreement.

V. Additional Elements of the Collaborative Agreement.

- a. *Describe the physician assistant's expected area of practice:*

- b. *Describe the means of collaboration for the first 160 hours, in-person or through technology:*

- c. *Describe the expectations for when and under what circumstances the physician assistant will collaborate with and/or receive support from the physician or physician group:*

d. Describe the expected methods and modes of communication and collaboration:

e. Other pertinent elements of collaborative, team-based practice applicable to the physician assistant's practice or established by the physician assistant's employer:

f. Completion of performance evaluations and discussions:

1. Six-month performance evaluation and discussion:

Date of completion: _____

Physician Assistant signature: _____

Physician or Physician Practice Group Representative signature: _____

2. Twelve-month performance evaluation and discussion:

Date of completion: _____

Physician Assistant signature: _____

Physician or Physician Practice Group Representative signature: _____

3. Describe the schedule for further performance evaluation and discussion:

Date of completion: _____

Physician Assistant signature: _____

Physician or Physician Practice Group Representative signature: _____

Date of completion: _____

Physician Assistant signature: _____

Physician or Physician Practice Group Representative signature: _____

Date of completion: _____

Physician Assistant signature: _____

Physician or Physician Practice Group Representative signature: _____

VI. Termination of Section V, Additional Elements of the Collaborative Agreement (*select one*).

_____ The physician assistant has completed fewer than 5,000 practice hours and is not practicing in the emergency department of a hospital with a Level I or Level II trauma center. The requirements in Section V will automatically terminate upon the physician assistant's completion of 5,000 practice hours.

_____ The physician assistant is changing practice areas and has fewer than 3,000 practice hours in the new practice area. The requirements in Section V will automatically terminate upon the physician assistant's completion of 3,000 practice hours.

_____ The physician assistant is changing practice areas to practice in an emergency department of a hospital that is not a Level I or Level II trauma center. The requirements of Section V will automatically terminate upon the physician assistant's completion of _____ practice hours.

_____ The physician assistant is practicing in the emergency department of a hospital with a Level I or Level II trauma center. Unless updated and replaced, this Collaborative Agreement, including the requirements set forth in Section V, remains in effect indefinitely.

Physician Assistant Signature: _____ Date: _____

Physician or Physician Group Representative Signature _____ Date: _____

Effective Date: _____

Termination Date of the Collaborative Agreement: _____

Use of this template is not required. This template is provided as an informational resource only and is not vetted or approved by the Colorado Medical Board. This template does not constitute legal advice. Licensed physician assistants must ensure that any collaborative agreement they enter into complies with all relevant statutory requirements of the Medical Practice Act and any Rules or Policies adopted by the Colorado Medical Board, all of which may be updated periodically.

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