

PRIMARY SUPERVISING PHYSICIAN ACKNOWLEDGEMENT
OF ADDITIONAL SUPERVISING PHYSICIANS

I,
I, **PRIMARY SUPERVISING PHYSICIAN: (PRINT)** _____, hereby

acknowledge that **PHYSICIAN ASSISTANT: (PRINT)** _____, will practice under the supervision of additional Substitute Supervising Physicians credentialed within the St. Luke's University Health Network, based on the current written agreement and approved practice sites.

These substitute physicians have online access to and have been given a copy of the written agreement filed with the Commonwealth of Pennsylvania State Board of Medicine. They understand that they are responsible for the actions of this PA when s/he covers their patients, and that they must supervise the PA according to the Written Agreement.

PRIMARY SUPERVISING PHYSICIAN: (SIGNATURE) _____

DATE: _____