

**SUBSTITUTE SUPERVISING PHYSICIAN ACKNOWLEDGEMENT**  
**OF PHYSYCIAN ASSISTANT WRITTEN AGREEMENT**

I,  
I, **SUBSTITUTE SUPERVISING PHYSICIAN: (PRINT)** \_\_\_\_\_, hereby

acknowledge that I have access to and have been given a copy of **PHYSICIAN ASSISTANT: (PRINT)**  
\_\_\_\_\_ written agreement filed with the Commonwealth of Pennsylvania  
State Board of Medicine. I understand that I am responsible for the actions of this PA when s/he covers my  
patients, and that I must supervise the PA according to the Written Agreement.

**SUBSTITUTE SUPERVISING PHYSICIAN: (SIGNATURE)** \_\_\_\_\_

**DATE:** \_\_\_\_\_