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**PHYSICIAN ASSISTANT'S RESPONSIBLE PHYSICIAN
and DRUG PRESCRIPTION PROTOCOL**

Please enter required information, including signatures and dates on page 2 and page 4.
Mail or fax form.

Physician Assistant's Name: Ann M. Gates

License Number: 15-00725

Responsible Physician's Name: Allen Palmer D.O.

License Number: 05-33326

1. Description of the physician's practice and way in which the physician assistant is to be utilized (please include the routine duties of the physician assistant, the type of practice, and the practice setting):

Women's Health Clinic - The PA will see a variety of women for well woman and reproductive health concerns, and will be supervised by responsible physician.

2. Practice locations, including hospitals, at which the physician assistant will routinely perform acts constituting the practice of medicine and surgery:

5107 E. Kellogg Wichita, Ks. 67218

3. I understand the responsible physician will always be available for communication with the physician assistant within 30 minutes during the performance of patient service by the physician assistant.

4. I understand that failure to adequately direct and supervise the physician assistant in accordance with Physician Assistant Licensure Act, or rules and regulations adopted under such statutes by the board, would constitute grounds for revocation, suspension, limitation or censure of the responsible physician's license to practice medicine and surgery in the state of Kansas.

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- I understand a current copy of this form shall be provided to the office and maintained at the usual practice locations of the responsible physician and that any changes or amendments thereto will be provided to the board within 10 days.
- Attached is a completed Drug Prescription Protocol Form provided by the board which specifies categories of drugs, medicines and pharmaceuticals for which the physician assistant is prohibited from supplying or transmitting.
- The signature of a designated physician who shall routinely provide direction and supervision to the physician assistant in the temporary absence of the responsible physician is required:

Name of Designated Physician: ~~ALLIANCE PALMER D. D.D.~~ Cheryl Chastine M.D.

License Number: ~~05-33726~~ 5-23-13

Signature of Designated Physician: Date: 5/31/13

14-36207

- Indicate the procedures to be followed to notify the designated physician upon such temporary absence of the responsible physician:

By phone or electronic media

I have carefully read the questions in the foregoing request form and have answered them completely, and I declare under penalty of perjury that my answers and all statements contained herein are true and correct.

Signature of Responsible Physician

5-23-13
Date

Signature of Physician Assistant

5/31/13
Date

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The physician assistant is authorized to prescribe **non-controlled** drugs as follows:

| | NONE Within Class | ALL Within Class | ALL Except Specify Below |
|--|--------------------------|-------------------------------------|-----------------------------------|
| Analgesics (non-narcotic) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Anthelmintics | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Antibiotics | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Antifungals | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Antihistamines | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Antihypertensives | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Antinauseants | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Antispasmodics | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Bronchodilators | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Contraceptives | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cough Suppressants | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cardiac Drugs | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Decongestants | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Diuretics | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Expectorants | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Estrogens | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Progesterone Preparations | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hemorrhoidal Preparations | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Injectables | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Skeletal Muscle Relaxants | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Topical Ophthalmic Preparations, Except Steroids | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Otic Preparations | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Vaginitis Preparations | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Vitamins and Minerals | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Topical Preparations | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Steroids | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Anti-Anxiety and Anti-Depressants | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other (SPECIFY BELOW) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Other/Exceptions:

No exceptions

The physician assistant's authority to request, receive and sign for professional samples and to distribute professional samples to patients is identical to the physician assistant's authority to prescribe non-controlled substances, except:

Signature of Responsible Physician

Date

5/29/13

Signature of Physician Assistant

Date

Ann M. Gates

5/31/13