

WRITTEN AGREEMENT CHANGE FORM

TO BE COMPLETED WHEN REPORTING A CHANGE IN STATUS - DUPLICATE AS NEEDED

PRIMARY SUPERVISOR NAME, ADDRESS, AND LICENSE NUMBER

Anthony Vagnucci, MD
MD-0294261
Western Psychiatric Institute and Clinic, 3811 O'Hara Street, Pittsburgh, PA 15213

NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT WORKING UNDER YOUR AGREEMENT

- If applying under the Medical Board a new supervisor application must be submitted

Judith Daniels, PA-C
MA-0010631

NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT YOU ARE DELETING

LIST ANY SUBSTITUTE PHYSICIANS YOU ARE DELETING

LIST ANY SUBSTITUTE PHYSICIANS YOU ARE ADDING

- If the primary supervisor is an MD, \$5.00 is required for each additional substitute

SEE ATTACHED LIST

\$40.00 check enclosed

THE FOLLOWING MUST BE CHECKED:

WILL THERE BE ANY CHANGE IN PROTOCOL? YES NO

WILL THERE BE ANY CHANGE TO DRUG LIST (MEDICAL ONLY)? YES NO

IF "YES" WAS ANSWERED - THE FOLLOWING MUST BE ATTACHED:

- A CURRENT WRITTEN AGREEMENT
- LIST OF JOB DUTIES
- DRUG LIST (PRIMARY SUPERVISOR IS AN MD)

SIGNATURE OF SUPERVISOR

DATE

2/6/04

SIGNATURE OF PHYSICIAN ASSISTANT

DATE

1/6/04

SIGNATURE OF NEW SUBSTITUTE

DATE

NOTE:

PHYSICIAN ASSISTANTS CANNOT HAVE MORE THAN 3 SUPERVISORS
SUPERVISING PHYSICIANS CANNOT HAVE MORE THAN 2 PAs

The current written agreement and flow list are remaining the same.

[REDACTED]
Anthony Vagnucci, MD
Primary Supervising Physician
MD Number: MD-029426-1

Judith Daniels, PA-C
(State)

Add the following substitute supervising physicians:

PHYSICIAN'S NAME	PHYSICIAN'S MD NUMBER	PHYSICIAN'S SIGNATURE
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

also listed

also listed

[REDACTED]	[REDACTED]	[REDACTED]
15. Mayernik, Curtis	MD-050183-L	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
17. Moul, Douglas E.	MD-060840-1	[REDACTED]
1 [REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
2 [REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

25. Basu, Ranita

MD-070067-L

26. Cho, Raymond

MD-419196

[REDACTED]

28. DePietro, Frank R.

MD-417386

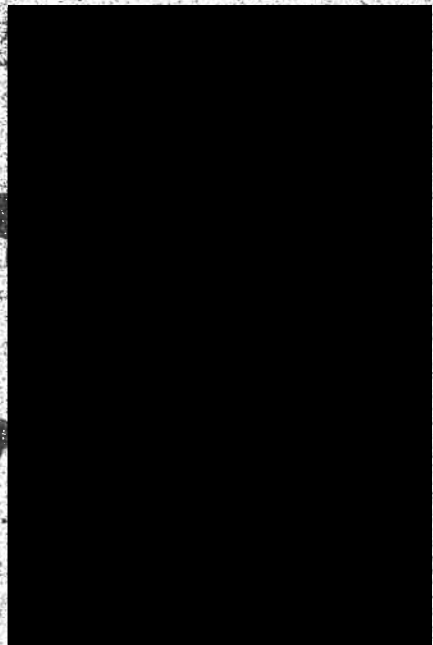
[REDACTED]

31. Pathak, Praveen C.

MD-419361

32. Pinkofsky, Harold

MD-420477





TARGET SHEET

Board: Medicine

Date Created:
10/14/2004

Licensee Full Name:
ANTHONY H VAGNUCCI

License No:
MX029426

APPL

1944657

MX 029426

WRITTEN AGREEMENT CHANGE FORM

TO BE COMPLETED WHEN REPORTING A CHANGE IN STATUS - DUPLICATE AS NEEDED

PRIMARY SUPERVISOR NAME, ADDRESS, AND LICENSE NUMBER

Anthony Vagnucci, MD
MD-029426-L
Western Psychiatric Institute and Clinic, 3811 O'Hara Street, Pittsburgh, PA 15213

NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT WORKING UNDER YOUR AGREEMENT

- If applying under the Medical Board a new supervisor application must be submitted

Judith Daniels, PA-C
MA-001063-L

NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT YOU ARE DELETING

LIST ANY SUBSTITUTE PHYSICIANS YOU ARE DELETING

LIST ANY SUBSTITUTE PHYSICIANS YOU ARE ADDING

- If the primary supervisor is an MD, \$5.00 is required for each additional substitute

SEE ATTACHED LIST

THE FOLLOWING MUST BE CHECKED:

WILL THERE BE ANY CHANGE IN PROTOCOL?

NO YES

WILL THERE BE ANY CHANGE TO DRUG LIST (MEDICAL ONLY)?

NO YES

IF "YES" WAS ANSWERED - THE FOLLOWING MUST BE ATTACHED:

- A CURRENT WRITTEN AGREEMENT
- LIST OF JOB DUTIES
- DRUG LIST (PRIMARY SUPERVISOR IS AN MD)

SIGNATURE OF SUPERVISOR _____

DATE _____

SIGNATURE OF PHYSICIAN ASSISTANT _____

DATE _____

SIGNATURE OF NEW SUBSTITUTE _____

DATE _____

NOTE:

**PHYSICIAN ASSISTANTS CANNOT HAVE MORE THAN 3 SUPERVISORS
SUPERVISING PHYSICIANS CANNOT HAVE MORE THAN 2 PAs**

Judith Daniels, PA

Anthony Vagnucci, MD

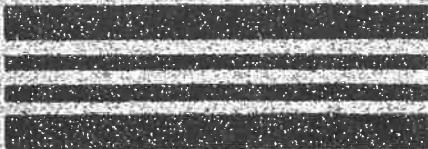
MD-029426-L

Primary Supervising Physician

Add the following substitute supervising physicians:

PHYSICIAN'S NAME	PHYSICIAN'S MD NUMBER	PHYSICIAN'S SIGNATURE
L. Hakas, Elizabeth	MD-068838-L	

[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	
90 [REDACTED]	MD-042761-L	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
21. Perrotta, Charles	MD-042761-L	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]



TARGET SHEET

Board: Medicine

Date Created:

09/14/2005

Licensee Full Name:

ANTHONY H VAGNucci

License No:

MX039426

APPL

1944657

WRITTEN AGREEMENT CHANGE FORM

TO BE COMPLETED WHEN REPORTING A CHANGE IN STATUS - DUPLICATE AS NEEDED

PRIMARY SUPERVISOR NAME, ADDRESS, AND LICENSE NUMBER

Anthony Vaccaro, MD MD 0294261
Western Psychiatric Institute and Clinic

Pittsburgh, PA 15261

NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT WORKING UNDER YOUR AGREEMENT

- If applying under the Medical Board a new supervisor application must be submitted

NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT YOU ARE DELETING

Judith Daniels, PA-C MA 0010631

LIST ANY SUBSTITUTE PHYSICIANS YOU ARE DELETING

LIST ANY SUBSTITUTE PHYSICIANS YOU ARE ADDING

- If the primary supervisor is an MD, \$5.00 is required for each additional substitute

THE FOLLOWING MUST BE CHECKED:

WILL THERE BE ANY CHANGE IN PROTOCOL? NO YES

WILL THERE BE ANY CHANGE TO DRUG LIST (MEDICAL USE ONLY)? NO YES

IF "YES" WAS ANSWERED - THE FOLLOWING MUST BE ATTACHED:

- CURRENT WRITTEN AGREEMENT
- LIST OF JOB DUTIES
- DRUG LIST (PRIMARY SUPERVISOR IS AN MD)

SIGNATURE OF SUPERVISOR

DATE 3/3/91

SIGNATURE OF PHYSICIAN ASSISTANT

DATE

SIGNATURE OF NEW SUBSTITUTE

DATE

NOTE:

PHYSICIAN ASSISTANTS CANNOT HAVE MORE THAN 3 SUPERVISORS
SUPERVISING PHYSICIANS CANNOT HAVE MORE THAN 2 PAs



UPMC | University of Pittsburgh
Medical Center

Western Psychiatric Institute and Clinic

381 Lothrop Street
Pittsburgh, PA 15260-2099

August 8, 2005


Suzanne Smith
Commonwealth of Pennsylvania
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17101

RE: Judy Daniels, PA-C

Dear Ms. Smith:

Enclosed is a Written Agreement Change Form reflecting the above physician assistant
Judy Daniels, PA-C has resigned. Any questions, please call me at 412-246-6672.

Sincerely,


Norcen Stanski
Sr. Administrative Assistant



TARGET SHEET

Board: Medicine

Licensee Full Name:
BEATRICE ALLIS CHEN

License No:
MX014486

3065264_LIC_1_01/17/2013

49-106 (REV. 9/09)

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
st-medicine@state.pa.us

Courier Delivery Address
STATE BOARD OF MEDICINE
2801 NORTH THIRD STREET
HARRISBURG, PA 17110

Mx014186

APPLICATION FOR REGISTRATION AS A SUPERVISING PHYSICIAN

INSTRUCTIONS - Print or type all information. If the written agreement is identical for all supervisors, submit one application for each physician assistant. Attach the fee and written agreement.

FEE - \$35.00 for each application with one primary and one substitute physician assistant supervisor. An additional \$5.00 fee is due for each additional substitute supervisor. **NOTE: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your financial institution regardless of reason for non-payment. Make check payable to the "Commonwealth of Pennsylvania." The fee cannot be transferred to another application. PLEASE NOTE:** If this application is not completed within six months, updates of certain sections will be required. If the application process has not been completed within one year from the date it was received, applicants will be also be required to submit an updated application and **another application processing fee.**

Upon approval of the application, the Board will issue an approval letter for the primary supervisor and provide a list of all substitute supervisors. These documents will be sent to the primary supervisor at the address provided on page one of the application.

REGARDLESS OF THE FILING DATE, A PHYSICIAN ASSISTANT CANNOT PRACTICE PRIOR TO THE BOARD'S APPROVAL OF THIS APPLICATION

PRIMARY SUPERVISING PHYSICIAN NAME/LICENSE NUMBER:

Chen *Beatrice* *Allis* MD-424836
LAST FIRST MIDDLE LIC NO.

PHYSICIAN ASSISTANT NAME/LICENSE NUMBER:

Daniels *Judith* *Ann* MA-001063L
LAST FIRST MIDDLE LIC NO.

PRACTICE ADDRESS

Pittsburgh *PA* *15222*
CITY STATE ZIP CODE

PRACTICE TELEPHONE

PRIMARY SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION:

List your specialties *Obstetrics & Gynecology*

Do you hold a membership in any American Boards of Medical Specialties? YES NO

If yes, list Board(s) *American Board of Obstetrics & Gynecology*

Do you hold hospital staff privileges? YES NO

If you have hospital staff privileges, indicate the hospital name(s).

Magu-Women Hospital of UPMC

NOV 05 2012

VERIFICATION

I will direct and exercise supervision over the named physician assistant in accordance with the rules and regulations of the State Board of Medicine. I verify that I have reviewed the Medical Practice Act and Regulations of the State Board of Medicine. I recognize that I am obligated to comply with all the provisions of the Act and Regulations including those provisions that require me to notify the Board of the termination of my agreement to supervise the physician assistant. I recognize that I retain full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the physician assistant's patients.

I verify that the statements in this application and written agreement are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my registration.

The physician assistant identified in this application will only work with the primary supervising physician and substitute physician assistant supervisor(s) listed in this application. This physician assistant will only provide medical services to the patients under the care of the primary and substitute supervisor(s) named in this application.

Signature of Primary Supervising Physician [redacted] *CHG* Date 10/31/12

Signature of Physician Assistant [redacted] Date 10/30/2012

Name of Substitute Physician Assistant Supervisor Sharon Achilles

License # MD432224

Signature [redacted] Date 10/30/12

Name of Substitute Physician Assistant Supervisor Rachel Rapkin

License # MD440231

Signature [redacted] Date 10/31/12

Name of Substitute Physician Assistant Supervisor _____

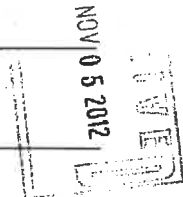
License # _____

Signature _____ Date _____

Name of Substitute Physician Assistant Supervisor _____

License # _____

Signature _____ Date _____



(Attach 8 1/2 x 11 sheets with additional names if needed.)

11
12

WRITTEN AGREEMENT

Dr. Beatrice A. Chen

NAME OF PRIMARY SUPERVISING PHYSICIAN

Judith A. Daniels

NAME OF PHYSICIAN ASSISTANT

INSTRUCTIONS: Please provide the following information for questions 1 and 2 on 8 1/2 x 11 sheets and attach to this form. Number each section on the attachment. The information on this agreement must be identical for all supervisors listed on page 2.

- 1. **Describe the functions/tasks to be delegated to the physician assistant.**
- 2. **Provide details regarding the time, place and manner of supervision and direction you will provide the physician assistant.**
- 3. **List the name, address, and practice setting (i.e. hospital, private practice, group practice, etc.) where the physician assistant will serve.**

Planned Parenthood of Western PA
 [Redacted]
Pittsburgh, PA 15222

- 4. **Will the physician assistant prescribe and dispense drugs/therapeutic devices?**

YES NO

If yes, list below any categories that the physician assistant will NOT be permitted to prescribe/dispense.

<i>Schedule I controlled substance</i>		
<i>SUBSTANCES</i>		

If yes, will Schedule II, III, IV and/or V controlled substances be prescribed and dispensed?

YES NO

NOV 05 2012
 3:11 PM

11
12

—————

1. Describe the functions/tasks to be delegated to the physician assistant.

The PA, Judy Daniels, will evaluate patients through Dr. Beatrice Chen following the guidelines of Planned Parenthood of Western Pennsylvania. The Physicians will also evaluate the patient when he/she or the PA believes it is necessary. Specific functions include:

- Medical screening and evaluation
- Physical Examination including temperature, blood pressure, cardiac and lung auscultation, assessment of airway, breast exam and pelvic bimanual exam, collection of specimens
- Provider performed microscopy
- Insertion and removal of contraceptive implants
- Endometrial Biopsy
- Chemoablation of condyloma
- Gestational sizing
- Abdominal and transvaginal ultrasound
- IV Access
- Intra-operative monitoring using EKG machine and pulse oximeter
- Immediate post-operative patient care consisting of observation and monitoring patient's vital signs, managing post-operative medical care and administering post-operative medications
- Supervision of the recovery area
- Ordering, prescribing, dispensing and administering medications and therapeutics will be performed within her scope of practice and as directed by the Supervising Physician.
- Implement an emergency protocol during center hours and after hours. Direct and assist with CPR until outside assistance is obtained
- Refer patients for specialist evaluation

2. Provide details regarding the time, place and manner of supervision and direction you will provide the physician assistant.

1. The Physician shall be immediately available for consultation to the PA through ~~direct communication~~ or by email, telephone, or telecommunications. When the Physician cannot be available, she must communicate this to the clinician and the Substitute Physician so that the Substitute Physician can respond to a request to consultation within 30 minutes. The Substitute Physician will be Sharon Achilles, MD.
2. The Physician will be present and available for:
 - a. Reviewing the standards of medical practice,
 - b. Establishing and updating standing orders and drug and other medical protocols as required,
 - c. Periodic updating of medical diagnosis and therapeutics,
 - d. Countersigning patient records within a reasonable time not to exceed 10 days, unless countersignature is required sooner by regulation, policy within the medical care facility or the requirements of a third-party payor.

NOV 05 2012





COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.state.pa.us/med
December 15, 2012

BEATRICE ALLIS CHEN
[REDACTED]
PITTSBURGH PA 15222

9849

Telephone: 717-783-1400/ 717-787-2381
Fax: 717-787-7769

EVALUATOR: 1702 - JON

RE: JUDITH DANIELS

Dear Doctor:

The Board has received your application for registration as a supervising physician. The items listed below are needed to complete your application.

OK ¹⁻¹⁷⁻¹²
Fee in the amount of \$5.00, made payable to the "Commonwealth of Pennsylvania." Fee breakdown is as follows: \$35 primary and one substitute supervisor, \$5 for each additional substitute supervisor. Check or money order must be drawn on a US bank. **Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.**

APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS
WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.

When submitting the above information, please return a copy of this letter. A physician assistant may not practice prior to the Board's approval of the application.

PHYSICIAN ASSISTANT Daniels, Judith - MA-0010632

PRIMARY PHYSICIAN Chen, Beatrice - MD 424836

SUBS 2 (85)

	APPROVED	PENDING
FEE	_____	_____
APPLICATION	<u>12-15-12</u> ✓	_____
WRITTEN AGREEMENT	<u>12-15-12</u> ✓	_____
PRACTICE LOCATION IS HOSPITAL	<input checked="" type="radio"/> Y <input type="radio"/> OR <input type="radio"/> N	
PRESCRIPTION PRIV	<input type="radio"/> Y <input type="radio"/> OR <input type="radio"/> N	
RESTRICTIONS LISTED	<input type="radio"/> Y <input type="radio"/> OR <input type="radio"/> N	-no sett I
APPROVED FOR SCHED 2,3,4 5	<input type="radio"/> Y <input type="radio"/> OR <input type="radio"/> N	

WA NUMBER: MX 014486

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us/med

January 17, 2013

BEATRICE ALLIS CHEN
[REDACTED]
PITTSBURGH PA 15222

9849

RE: JUDITH ANN DANIELS

Dear Doctor:

Your application to supervise a physician assistant has been processed. Enclosed are your approval letters. You are reminded of the following:

The Board's regulations at 49 Pa. Code §18.151 define the role of a physician assistant. A copy of the regulations is available on our web site at www.dos.state.pa.us/med. The regulations authorize the physician assistant under appropriate direction and supervision by a physician assistant supervisor, to augment the physician's data gathering abilities in order to assist the physician in reaching decisions and instituting care plans for the physician's patients.

If you desire your physician assistant to provide services beyond those included in the regulations you must adhere to the statutory provisions which address delegation of medical services. Sections 17 and 21 of the Medical Practice Act, 63 P.S. §§422.17 and 422.21, address the use of non-physician in the performance of medical services.

The Board is unable to pre-approve procedures which are not contained in the regulation. As a government agency the Board's activities are limited to that authorized by the Medical Practice Act of 1985, 63 P.S. §§422.1 - 422.45. This information is available on our web site, also. The act does not confer authority on the Board to issue advisory opinions or pre-approve specific conduct. This issue has been addressed by the Pennsylvania Commonwealth Court, which is the Court having review authority over decisions of the Board. That Court has held that where the legislature has not provided authority for a licensing board to pre-approve conduct of its licensees, such pre-approval decisions are in the nature of an advisory opinion and thus a nullity. See Avis Rent A Car Systems v. Commonwealth Department of State, 548 A.2d 402 (Pa. Cmwith. Ct. 1988).

The Court has also held specific to the State Board of Medicine that the Medical Practice Act does not confer pre-approval authority to the Board. Such actions by the Board are outside the scope of power granted by the legislature. The Board's authority to decide issues concerning accepted ethical and quality standards of conduct arises in the context of promulgating regulations or in the context of a disciplinary action. See Morrison v. State Board of Medicine, 618 A.2d 1098 (Pa. Cmwith. Ct. 1992). Outside the context of its regulations the Board lacks authority to provide you the pre-approval you seek.

Page 2

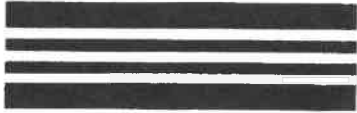
In assessing whether the particular service is one which is appropriate for delegation under those regulations, the physician must comply with the Board's delegation regulations contained at 49 PA Code; Section 18.401 – 18.402 which is also available on our web site. The physician retains responsibility for the medical service performed, whether performed personally or delegated to another person. Determine the level of skill and knowledge necessary to the safe performance of the procedure. Research the medical community's accepted practices, review the medical literature, and review the practice with experts in the field. Assess the competency of the individual who will provide the service. Ascertain whether performing the procedure on the particular patient creates any special risk. Provide supervision and monitoring appropriate to the difficulty of the procedure, the skill of the delegatee, and the risk to the particular patient.

We trust this information will assist you in exercising professional judgment regarding the appropriate utilization of your physician assistant.

Sincerely,

State Board of Medicine

Enclosures



TARGET SHEET

Board: Medicine

Licensee Full Name:
JOSEPH ANTHONY MOLLURA

License No:
MX015679

3159946_LIC_1_09/18/2013

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us/med

September 18, 2013

JOSEPH ANTHONY MOLLURA



PITTSBURGH PA 15233

RE: JUDITH ANN DANIELS

Dear Doctor:

Your application to supervise a physician assistant has been processed. Enclosed are your **FINAL** approval letters. You are reminded of the following:

The Board's regulations at 49 Pa. Code §18.151 define the role of a physician assistant. A copy of the regulations is available on our web site at www.dos.state.pa.us/med. The regulations authorize the physician assistant under appropriate direction and supervision by a physician assistant supervisor, to augment the physician's data gathering abilities in order to assist the physician in reaching decisions and instituting care plans for the physician's patients.

If you desire your physician assistant to provide services beyond those included in the regulations you must adhere to the statutory provisions which address delegation of medical services. Sections 17 and 21 of the Medical Practice Act, 63 P.S. §§422.17 and 422.21, address the use of non-physician in the performance of medical services.

The Board is unable to pre-approve procedures which are not contained in the regulation. As a government agency the Board's activities are limited to that authorized by the Medical Practice Act of 1985, 63 P.S. §§422.1 - 422.45. This information is available on our web site, also. The act does not confer authority on the Board to issue advisory opinions or pre-approve specific conduct. This issue has been addressed by the Pennsylvania Commonwealth Court, which is the Court having review authority over decisions of the Board. That Court has held that where the legislature has not provided authority for a licensing board to pre-approve conduct of its licensees, such pre-approval decisions are in the nature of an advisory opinion and thus a nullity. See Avis Rent A Car Systems v. Commonwealth Department of State, 548 A.2d 402 (Pa. Cmwlth. Ct. 1988).

The Court has also held specific to the State Board of Medicine that the Medical Practice Act does not confer pre-approval authority to the Board. Such actions by the Board are outside the scope of power granted by the legislature. The Board's authority to decide issues concerning accepted ethical and quality standards of conduct arises in the context of promulgating regulations or in the context of a disciplinary action. See Morrison v. State Board of Medicine, 618 A.2d 1098 (Pa. Cmwlth. Ct. 1992). Outside the context of its regulations the Board lacks authority to provide you the pre-approval you seek.

Page 2

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We trust this information will assist you in exercising professional judgment regarding the appropriate utilization of your physician assistant.

Sincerely,

State Board of Medicine

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us/med

September 18, 2013

JOSEPH ANTHONY MOLLURA

9849

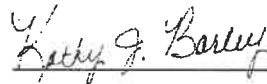
PITTSBURGH PA 15233

PRIMARY SUPERVISING PHYSICIAN REGISTRATION

Having fully met the requirements of the State Board of Medicine, the following physician assistant has been approved and is authorized to practice in accordance with, and subject to, the provisions of the Medical Practice Act of 1985, and the rules and regulations promulgated by the Board.

PRIMARY SUPERVISING PHYSICIAN:	JOSEPH ANTHONY MOLLURA
LICENSE TYPE:	Written Agreement
REGISTRATION NUMBER:	MX015679
EFFECTIVE DATE:	09/17/2013
PHYSICIAN ASSISTANT:	JUDITH ANN DANIELS

Seal



Acting Commissioner
Bureau of Professional and Occupational Affairs

2013 SEP 9 PM 12 25

(05/2013)

<p>Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381 Email: st.medicine@pa.gov</p>	<p>Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110</p>
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APPLICATION FOR REGISTRATION AS A SUPERVISING PHYSICIAN

THIS APPLICATION IS FOR USE ONLY BY A PRIMARY SUPERVISING PHYSICIAN LICENSED BY THE PENNSYLVANIA STATE BOARD OF MEDICINE.

PLEASE PRINT OR TYPE ALL INFORMATION. If the written agreement is identical for all supervisors, submit one application for each physician assistant. Attach the fee and written agreement.

FEE. Submit the \$35.00 fee. Make check or money order payable to the "Commonwealth of Pennsylvania." **FEES ARE NOT REFUNDABLE.** The fee cannot be transferred to another application. **Note:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.

PLEASE NOTE: If this application is not completed within six months, updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (another application processing fee) and supporting documents, as necessary.

PLEASE NOTE: Upon receipt of a complete application, the Board will issue a letter authorizing the physician assistant to temporarily commence practice in accordance with the pending written agreement submitted with this application. The temporary authorization to practice is valid for **120 days ONLY** while the written agreement is being evaluated for final Board approval.

PLEASE ALLOW AT LEAST 120 DAYS FOR PROCESSING OF THE WRITTEN AGREEMENT FINAL APPROVAL.

PLEASE NOTE: A PHYSICIAN ASSISTANT CANNOT PRACTICE PRIOR TO THE BOARD ISSUING A TEMPORARY AUTHORITY TO PRACTICE

PRIMARY SUPERVISING PHYSICIAN NAME:	<small>Last</small> MOLLUKA	<small>First</small> JOSEPH	<small>Middle</small> A.
PRIMARY SUPERVISING PHYSICIAN LICENSE NUMBER:	MD041549E	PRACTICE TELEPHONE NUMBER:	412 223 2907
PRACTICE ADDRESS:	<small>Street</small> 3001 BEAVER AVE		
<small>City</small> PITTSBURGH	<small>State</small> PA	<small>ZIP</small> 15233	
SUBSTITUTE SUPERVISOR NAME:	<small>Last</small> ROSEN	<small>First</small> Rochelle	<small>Middle</small>
SUBSTITUTE SUPERVISOR'S LICENSE NUMBER:	MD021311E		
PHYSICIAN ASSISTANT NAME:	<small>Last</small> DANIELS	<small>First</small> JUDITH	<small>Middle</small> Ann
PHYSICIAN ASSISTANT LICENSE NUMBER:	MA001063L		

PENNSYLVANIA STATE BOARD OF MEDICINE

PRIMARY SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION:

LIST YOUR SPECIALTIES:

FAMILY PRACTICE

DO YOU HOLD HOSPITAL STAFF PRIVILEGES?

Yes

No



IF YES, LIST HOSPITAL(S):

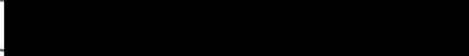
VERIFICATION

- I will direct and exercise supervision over the named physician assistant in accordance with the rules and regulations of the State Board of Medicine.
- I verify that I have reviewed the Medical Practice Act and Regulations of the State Board of Medicine.
- I recognize that I am obligated to comply with all provisions of the Act and Regulations including those provisions that require me to notify the Board of the termination of my agreement to supervise the physician assistant.
- I recognize that I retain full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the physician assistant's patients.
- I verify that the statements in this application and written agreement are true and correct to the best of my knowledge, information and belief.
- I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my registration.
- I will provide all substitute supervising physicians with a copy of the approved supervising written agreement.
- The physician assistant identified in this application will only work with the primary supervising physician and his/her substitute physician assistant supervisor(s).
- The physician assistant will only provide medical services to the patients under the care of the primary and substitute supervisor(s) and WILL NOT practice if the supervising physician or an authorized substitute supervisor is not available.

PRIMARY SUPERVISING PHYSICIAN (Printed Name):

Joseph Molwana M

PRIMARY SUPERVISING PHYSICIAN SIGNATURE:



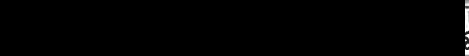
Date

9-4-13

PHYSICIAN ASSISTANT (Printed Name):

JUDITH A. BANIS

PHYSICIAN ASSISTANT SIGNATURE:



Date

5/6/2013

PLEASE NOTE: The primary supervisor's responsibilities include:

- Providing a copy of the final, Board approved written agreement to all substitute supervisors.
- Maintaining current list of all locations where the physician assistant will perform duties.
- Notifying the Board of changes to the primary practice location utilizing a written agreement change form.
- Ensuring that the physician assistant will not practice without supervision by either the primary supervisor or an authorized substitute supervisor.

IF NECESSARY, ATTACH ADDITIONAL 8.5" X 11" SHEETS OF PAPER

2013 SEP 9 PM 12 25

(05/2013)

PENNSYLVANIA STATE BOARD OF MEDICINE

WRITTEN AGREEMENT

NAME - PRIMARY SUPERVISING PHYSICIAN:	Last	First	Middle
	Mollura	JOSEPH	A
NAME - SUBSTITUTE SUPERVISING PHYSICIAN:	Last	First	Middle
	ROSEN	Rochelle	
NAME - PHYSICIAN ASSISTANT:	Last	First	Middle
	DANIELS	Judith	Ann

INSTRUCTIONS: Please provide the following information (typed) for question 1 on 8.5" x 11" sheets of paper and attach to this form. The information on this agreement must be agreed to by all supervisors (primary and substitute).

- Describe the functions/tasks to be delegated to the physician assistant. Please see ATTACH Form
- On-site supervision and direction will be provided to the physician assistant Daily (daily, every other day, once per week, etc.).
- Patient charts will be reviewed and co-signed Daily (daily, every other day, once per week, etc.) but never more than every 10 days as required by regulation.
- If the physician assistant will practice in a hospital, provide the name and address of each hospital below. If more than three hospitals, please provide this information on a separate sheet of paper. N/A

Name of Hospital	Address
Name of Hospital	Address
Name of Hospital	Address

5. Will the physician assistant prescribe and dispense drugs/therapeutic devices? Yes No

If yes, please identify which categories of controlled substances may be prescribed and dispensed?

- None
 Schedule II
 Schedule III
 Schedule IV
 Schedule V

List below any specific drugs that the physician assistant **WILL NOT** be permitted to prescribe/dispense.

2013 SEP 9 PM 12 25



State Correctional Institution Pittsburgh
3001 Beaver Avenue
Pittsburgh, PA 15233

PROTOCOL FOR
PHYSICIAN ASSISTANT UTILIZATION
SCI-Pittsburgh

Pursuant to the requirements of Pennsylvania State Board of Medicine's form, "Application for Registration as a Physician Assistant Supervisor", SPOA 49-106 (Rev. 11/06), the below information is provided:

1. **Describe the function/task to be delegated to the physician assistant, in which the physician assistant will be assisting each named physician, including the manner in which the physician assistant will be assisting each named physician, instructions for the use of the physician assistant in the performance of delegated functions/tasks and medical regiments to be administered or relayed by the physician assistant:**
 - A. The Physician Assistant shall be assigned the following duties and responsibilities:
 1. Obtains Medical history by eliciting pertinent medical and psycho-social history including; patients profile, chief complaints, history of present illness, past medical history, social history and review of systems.
 2. Performs physical examination as pertinent, modifying the exam for the nature of the complaint or problem(s), age of patient and physical condition of patient.
 3. Determines patient's mental status such as: level of consciousness, orientations, mood, behavior, etc.
 4. Establishes the presumptive diagnosis and the general and specific work-up of the patient by ordering appropriate laboratory studies, and under the physician's supervision, direct of indirect, is responsible for the management of the patients' problems following diagnosis.
 5. Responds to inmates care per medical emergencies in compliance to Wexford's protocols.
 6. The physician assistant shall see patients in the dispensary, infirmary and special lock-up areas as required.

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7. Communicates with and provides counseling and instructions to patients regarding their problems and, provides follow-up health maintenance care.
8. Adheres to safety and security policies and participates in disaster drills at SCI-Pittsburgh.
9. Follows security regulations for keys, sharp and controlled medications.
10. Adheres to C.D.C. Guidelines for Universal Precautions in the disposal of all contaminated waste and practices appropriate infection control standards.
11. Consistently follows and applies established standards, protocols, and policies and procedures in providing quality medical care to the patients at SCI-Pittsburgh.

B. The physician assistant may order and/or perform the following diagnostic studies/test:

1. Visual screening (Schnellen chart, Ishihara color plates, etc.)
2. Screening audiometry to test hearing acuity
3. Electrocardiograms (EKG)
4. Echocardiogram, ultrasound studies, Doppler studies.
5. Intradermal testing
6. Urinalysis
7. Occult blood determinations
8. Plating, reading of routine cultures
9. Gram stains
10. KOH and hanging drop preparation
11. Screening spirometry
12. Hematocrit/Hemoglobin
13. Cell count of blood and body fluids
14. CBC with differential
15. CD4 counts
16. Health profiles, e.g. Hepatitis
17. RPR, FTA/ABS
18. Fasting Blood Sugar, 2hpp, Glucose Tolerance test, Hemoglobin A1c
19. Order, not perform routine x-ray studies
20. Electroencephalograms (EEG)

C. The physician assistant may order or obtain the following specimens for laboratory evaluation:

1. Blood (venous, arterial, capillary)
2. Urine
3. Stool
4. Urethral secretions

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5. Tissue
 6. Wound/Skin Cultures
 7. Throat
 8. Sputum
- D. The physician assistant is able to identify normal and abnormal findings on history. Physical examinations, and commonly performed laboratory studies.
- E. The Physician assistant initiates appropriate evaluation and emergency management for emergency situations until physician is available or notified:
1. Severe drug reaction, Anaphylaxis
 2. Shock (cardiogenic, hemorrhagic)
 3. Laceration/severe
 4. Fracture/severe
 5. Internal, hemorrhage
 6. External hemorrhage severe
 7. Respiratory impairment/arrest
 8. Cardiac arrest/life threatening
 9. Convulsion/seizures
 10. Acute Myocardial Infarction
 11. Psychiatric crisis
 12. Burns (chemical, electrical, thermal) severe.
 13. Altered state of consciousness
 14. Insulin shock/hypoglycemia
 15. Heat exhaustion/stroke
 16. Traumatic amputation
 17. Drug/chemical ingestion/poisoning
 18. Eye injury-severe
 19. Spinal cord injury
 20. Head, chest abdominal injury- severe
 21. Drowning (near)
 22. Dehydration/volume depletion
- F. The physician assistant can perform the following intubations/cannulation:
1. Insert urinary catheters
 2. Insert peripheral/intravenous catheters
 3. Laryngoscopic for intubation
- G. The physician assistant can perform the following Orthopedic therapies/procedures:

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1. Immobilize injured extremity
 2. Strap joints for support
 3. Measure/adjust crutches
 4. Instruct/assist patient in orthopedic exercises
 5. Remove Casts
 6. Splint application
 7. Plaster cast application
- H. The physician assistant can perform the following pulmonary therapies/procedure:
1. Clean ears of impacted cerumen
 2. Suction nose/mouth pharynx
 3. Suction trachea via tracheotomy
 4. Irrigate eye
 5. Fluorescein staining of eye
 6. Remove superficial foreign body from ear/nose
 7. Control nasal bleeding
- I. The Physician assistant may perform the following gastrointestinal therapies/procedure:
1. Stomal care, e.g. colostomy 7 G-tube
 2. Enemas/impaction removal
 3. Inserting N-G tube
- J. The Physician assistant can perform the following genitourinary therapies/procedures:
1. Bladder irrigation
 2. Nephrostomy care
 3. Bladder catheterization
- K. The Physician assistant can perform the following minor surgical therapies/ procedures:
1. Perform wound care
 2. Remove/insert packing in wounds, incision, & cavities.
 3. Insert, remove and adjust wound drains
 4. Administer local anesthesia
 5. Apply dressing and wraps
 6. Suture minor/superficial laceration(s) not involving tendons, nerves or major blood vessels.
 7. Incise/drain subcutaneous foreign bodies
 8. Remove subcutaneous foreign bodies
 9. Remove ingrown toenail (partial or total)

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10. Biopsy/excise superficial skin lesion
11. Treat warts with cryo (liquid nitrogen)

L. The physician assistant may execute a medical regimen, relay a medical regimen or administer a therapeutic or diagnostic measure to a patient medical problem in accordance to the rules and regulations. Subchapter D paragraph 18.153.

2. **Provide details regarding time, place and manner of supervision and direction you will provide the Physician Assistant:**

- A. The Physician Assistant will be seeing patients along with the primary supervising physician, or one of the designated substitute supervisors, within the confines of SCI-Pittsburgh. Personal contact will usually be on a daily basis, Monday through Friday from 8:00am-4:30pm and the primary supervising physician, or substitute supervisor will have a continuing overview of physician assistant activities to determine if directions are being implemented and that the quality of medical care provided meets acceptable standards.
- B. Patients' charts will be reviewed. The supervising physician or the substitute physician assistant within a reasonable amount of time not to exceed 3 days will do countersigning of charts.
- C. When neither the primary supervising physician nor the designated substitute physician is present with the physician assistant, contact with each other will be by telephone or contacted via pager.

3. **List the name, address, and practice setting (i.e. hospital, private practice, group practice, etc.) where the physician assistant will serve:**

SCI Pittsburgh, 3001 Beaver Avenue, Pittsburgh, PA 15233

PHYSICIAN ASSISTANT



MA 001063L

PRIMARY PHYSICIAN



MD 041549 E

APPROVED

PENDING

FEE

\$ 35⁰⁰

APPLICATION

OK

ONE SUB/ NO WORK STMT

↓

WRITTEN AGREEMENT

↓

DISSOLVE TMX FROM PA

/

DISSOLVE TMX FROM MD

/

PRACTICE LOCATION IS HOSPITAL

Y OR N

PRESCRIPTION PRIV

Y OR N

RESTRICTIONS LISTED

Y OR N

APPROVED FOR SCHED: 2, 3, 4, 5

Y OR N

WA TEMPORARY APPROVAL NUMBER

TMX

/

WA FINAL APPROVAL NUMBER

MX

015679



TARGET SHEET

Board: Medicine

Licensee Full Name:
JOSEPH ANTHONY MOLLURA

License No:
MX015679

3159946_LIC_1_02/20/2014

Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 Email: st-medicine@state.pa.us	Courier/Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110 717-783-1400/717-767-2381
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WRITTEN AGREEMENT CHANGE FORM

A. PRIMARY SUPERVISOR'S NAME		Last <i>MOLLURA</i>	First <i>JOSEPH</i>	Middle <i>A.</i>
WRITTEN AGREEMENT (MX) NUMBER TO BE CHANGED		<i>MX015679</i>		
B. NAME OF PHYSICIAN ASSISTANT CURRENTLY WORKING UNDER THIS AGREEMENT		Last	First	Middle
LICENSE NUMBER OF PHYSICIAN ASSISTANT (MA) CURRENTLY WORKING UNDER THIS AGREEMENT				
C. NAME OF PHYSICIAN ASSISTANT WHO WILL BE DELETED FROM THIS AGREEMENT		Last <i>Daniels</i>	First <i>Judy</i>	Middle
LICENSE NUMBER OF PHYSICIAN ASSISTANT (MA) WHO WILL BE DELETED FROM THIS AGREEMENT		<i>MA 061063L</i>		
If you answer Yes to any of the following questions, please follow all directions outlined on the instruction page.				
D. WILL THERE BE ANY CHANGE IN JOB DUTIES:		Yes No		
WILL THERE BE ANY CHANGE TO THE PRESCRIBING/DISPENSING PRIVILEGES:		Yes No		
WILL THERE BE A CHANGE IN SUPERVISION:		Yes No		
IF CHANGING THE PRESCRIBING/DISPENSING PRIVILEGES, CHECK THE CONTROLLED SUBSTANCE THAT WILL BE PRESCRIBED AND DISPENSED.				
NOTE: Physician Assistants are not permitted to prescribe/dispense Schedule 1 controlled substances. <input type="checkbox"/> SCHEDULE II <input type="checkbox"/> SCHEDULE III <input type="checkbox"/> SCHEDULE IV <input type="checkbox"/> SCHEDULE V				
IS THE ADDRESS OF THE PRIMARY PRACTICE LOCATION CHANGING?		Yes No		
ARE YOU ADDING A HOSPITAL PRACTICE LOCATIONS?		Yes No		
SIGNATURE OF PRIMARY SUPERVISOR:		Date <i>2/4/14</i>		
SIGNATURE OF PHYSICIAN ASSISTANT:		Date		