



HEALTH PROFESSIONAL LICENSING ADMINISTRATION
BOARD OF MEDICINE

**Physician Assistant Practice Advisory Quarterly Review Form
(To be included in the Physician Assistant Personnel File)**

This form should be completed on a quarterly basis and kept in a personnel file at the location in which the Physician Assistant practices.

Physician Assistant: _____ Supervising Physician: _____
(Print) (Print)

Date of Review: _____ Practice Location _____

The ongoing practice advisory review has been conducted and based on this review:

Briefly summarize the case/cases or content discussed with the physician assistant (i.e, type of diagnoses, procedures, prescribing trends or specific clinical situations):

Select which aspect of competency was discussed. Select all that apply: (based on the major headings of the PA professional competencies)

- Patient Care
- Medical Knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- System based practice

Describe in general any practice recommendations of those competencies discussed:

Give examples of any articles, best practices, practice guidelines or materials that were included in the review that promote the practice of evidence based medicine.

Physician Assistant

Date

Supervising Physician