



Arizona Regulatory Board of Physician Assistants Prescribing Modification Form

(Please type in spaces provided - Form can be faxed or mailed to the Board)

Supervising Physician
First Name: Initial: Last Name:

License Number:

Physician Assistant
First Name: Initial: Last Name:

License Number:

Note: Only submit this form to the Board if you are making a modification to the PA's prescribing authority.

Pursuant to A.A.C. R4-17-203.D, when the Board issues a regular license to an applicant, the Board is also approving the applicant to issue prescriptions or dispense or issue Schedule II or Schedule III controlled substances. The delegation agreement between the two parties listed above includes the following **modifications** to prescribing authority:
(i.e. no controlled substances, only 14 days for Schedule II or Schedule III controlled substances, etc.)

****Check PA profile to verify that the modification(s) above has been posted. Please allow 5 business days to add to your profile.**

Supervising Physician Signature: Date:

A.R.S. § 32-2532(J) The Board shall advise the state board of pharmacy and the United States drug enforcement administration of all physician assistants who are authorized to prescribe or dispense drugs and any modification of their authority.

If your prescribing authority of this PA ends, please check the box below and return to the board by fax or mail.

I withdraw the above prescribing authority modification as I no longer supervise this physician assistant.

Supervising Physician Signature: Date: