

Massachusetts General Hospital

**Physician Assistant Attestation Form  
Regarding the Prescription of Medications**

The Board of Registration of Physician Assistants requires that you maintain current Massachusetts license, DEA and DPH certificates and that prescriptive guidelines be reviewed, initialed and dated annually with the collaborating physician. Please complete the following information and fax to Carol Camooso Markus, RN, at 4-3754 or mail to Carol c/o The Center for Clinical and Professional Development, Founders 6.

I attest that:

- I have a current Massachusetts License to practice as a Physician Assistant.
- I have a current DEA certificate.
- I have a current DPH certificate.
- I have a current NCCPA certificate
- I have reviewed, initialed and dated my prescriptive guidelines with my supervising physician within the last 12 months.

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Physician Assistant Signature Date

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\_\_\_\_\_  
Collaborating Physician Signature

\_\_\_\_\_  
Date