

Supervision and Prescriptive Delegation Registration System

Instructions

<http://www.tmb.state.tx.us/page/renewal-supervisor-online-registration>

Note: Since a physician's attestation creates the final relationship, it is easier if the PA or APN starts the process to create the relationship and then the physician completes it.

[PORTAL screen](#)

[WELCOME screen](#)

[ACCOUNT INFORMATION screen](#)

[Supervision and Prescriptive Delegation screen](#) – General

APNs:

[Delegation screen](#) – APN adding prescriptive delegation

PAs:

[Supervision screen](#) – PA adding supervision

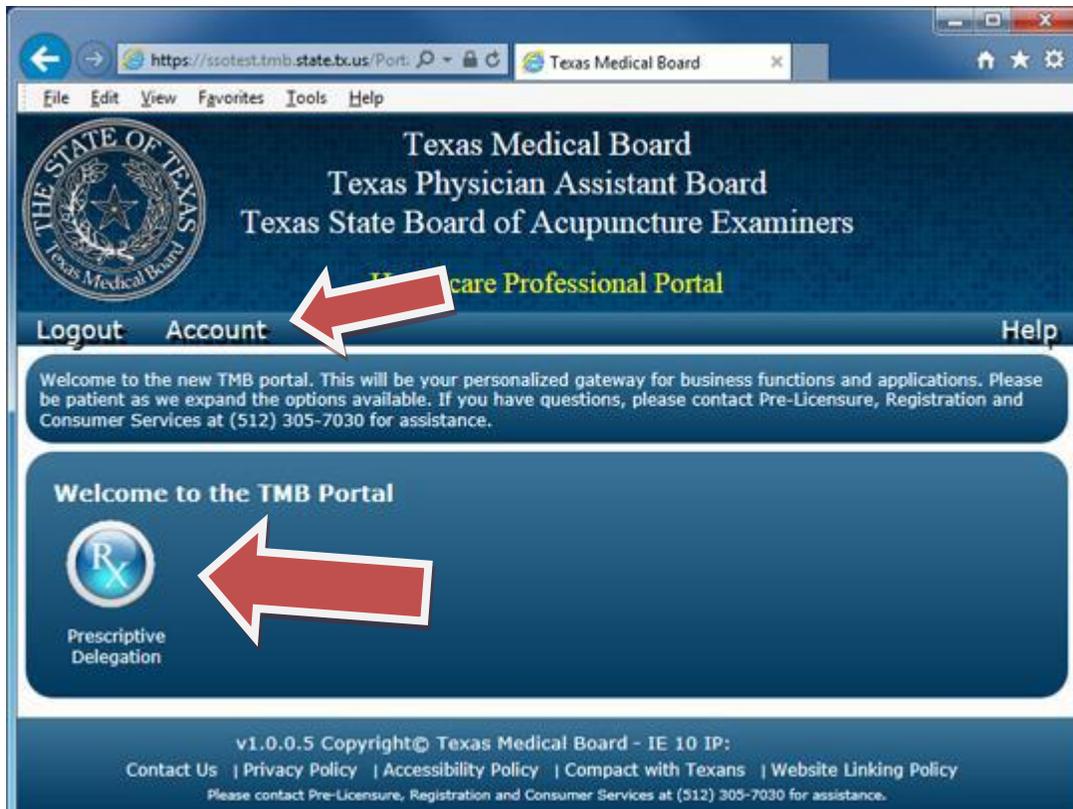
[Supervision/Delegation screen](#) – PA adding delegation and/or supervision

Physicians:

[Supervision screen](#) – physician completing supervision for PA

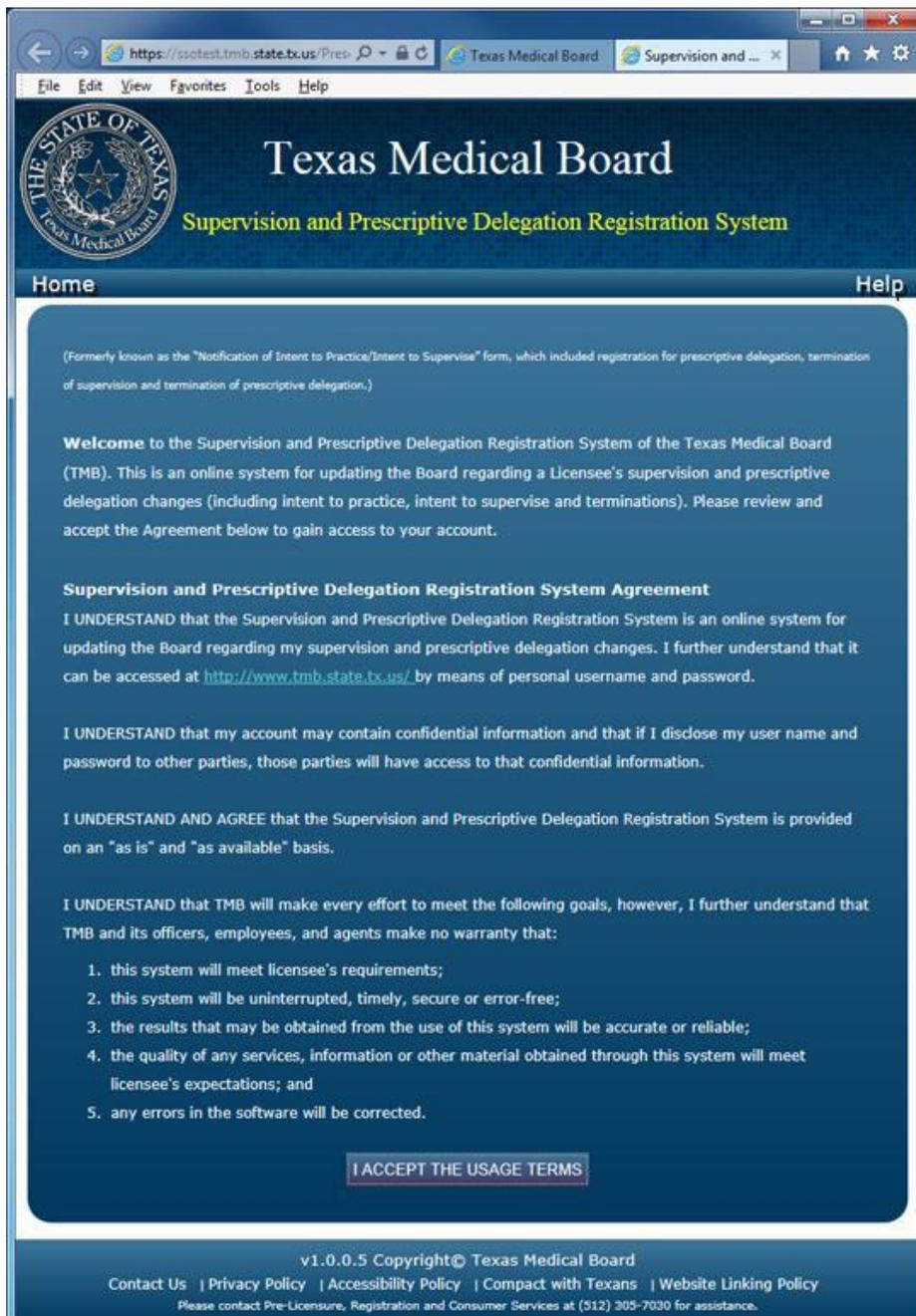
[Supervision/Delegation screen](#) – physician completing delegation and/or supervision for a PA/APN

PORTAL screen –



This screen will allow licensees access to any system at TMB that they have been authorized to access (for many this will be only Prescriptive Delegation). To access the Prescriptive Delegation system, click on the Prescriptive Delegation icon. This is also the screen that will allow you to access your TMB System account information.

WELCOME screen –



The Prescriptive Delegation system is to be used by physicians, physician assistants and advanced practice nurses. Licensees must agree to the terms each time you either create an account or login to the system.

ACCOUNT INFORMATION screen –

The screenshot shows a web interface for account information. At the top, there are links for 'Logout', 'Back', and 'Help'. The main content area is a dark blue box with a white background. It starts with a 'Security Check' section, which includes a message: 'Account changes must be re-verified to ensure the account is not hacked. Enter the code below and your password to verify.' Below this is a CAPTCHA image showing the text 'V7BMT' and a text input field. A 'Password:' label is followed by another text input field and a 'VERIFY' button. Below the security check are three sections: 'Update Username', 'Update Password', and 'Update Email Address'. Each section has a 'Current:' label with a text input field, a 'New' label with a text input field, and a 'Re-Enter' label with a text input field. The 'Update Username' section includes a note: '(Usernames must be between 8-50 characters and cannot match your password or your license number. Email address is preferred as it will be required in the near future.)'. The 'Update Password' section includes a note: '(Passwords must be between 8-20 characters and must contain at least two characters that are a mixture of Upper case, Numbers or Special Chars: !@#%&_,-)'. At the bottom of the form are two buttons: 'SAVE' and 'RETURN TO PORTAL'.

You can use this screen to change your existing username, email address and password. In order to make any modification, you must enter your current password in the Security box.

Supervision and Prescriptive Delegation screen –

Welcome [Name] [Title] [Address] [City, State, ZIP]

In order for a supervision and/or delegation relationship(s) to be completed in this system, both parties must log in to their own account and attest to the information. However, since the physician is required to attest last in order to complete the relationship, it is recommended that the PA/APN create the relationship and attest first.

Complete Supervision and/or Delegation Incomplete Supervision and/or Delegation
 Complete Supervision Incomplete Supervision

Physician Existing Supervision and Delegations

To view/modify details of a relationship, click on the icon to the left of the license number.

View	License	Name	Hours	Start	Location
	[Redacted]	[Redacted]	20	1/1/2011	[Redacted]
	[Redacted]	[Redacted]	40	1/21/2014	[Redacted]
	[Redacted]	[Redacted]	20	[Redacted]	[Redacted]

[NEW SUPERVISION](#) [NEW SUPERVISION/DELEGATION](#)

To add prescriptive delegation to an existing supervision, please select the individual record above.

* Indicates required information. Please contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030 for assistance.

Once you have logged into your account, you will see a listing of all supervision and/or delegation relationships. The screen will display any relationship that is active (or any terminated relationship(s) that has an end date in the future) as well as incomplete relationships. You can click on any relationship to view/modify it.

Note: If a physician is over 350 total hours of supervision and/or prescriptive delegation, a warning message will appear above the listing for them.

Each record will have an icon next to it showing the current status of the relationship:

Complete Supervision Incomplete Supervision
 Complete Supervision and/or Delegation Incomplete Supervision and/or Delegation

Relationships are sorted in last name order.

[NEW SUPERVISION](#) [NEW SUPERVISION/DELEGATION](#)

New Supervision – allows a physician or a PA to create a new supervision relationship.

New Supervision/Delegation – allows an APN, PA or a physician to create a prescriptive delegation relationship. PAs or physicians can create a supervision and a prescriptive delegation record at the same time using this option.

Supervision screen – PA adding supervision by selecting the “New Supervision” button:

Supervision Detail

Physician License: *

PA License: * PA00849

Hours: *

I understand the laws and rules governing my practice as a physician assistant. I certify that I am the physician assistant named above, and all data I have entered is true.

Since a physician’s attestation creates the final relationship, it is easier if the PA starts the process to create the relationship and then the physician completes it.

Once a PA enters the physician license number, clicks the box to attest and saves the record, a partial record will be automatically created.

Note: the PA can enter the number of hours and an end date, but they are not required in order to start the relationship.

A new incomplete  relationship will be added to both the PA’s and physician’s listings.

Supervision screen – physician completing supervision for PA:

Welcome [blurred]

Supervision Detail

Physician License: * [blurred]

PA License: * [blurred]

Hours: * 40

Supervision Begin Date (mm/dd/yyyy): * [red box]

I am of the opinion that the physician assistant named above is possessed of good professional character and is both mentally and physically able to perform as a physician assistant in accordance with the rules of the Texas Physician Assistant Board. I retain professional and legal responsibility for the care rendered by the physician assistant, as directed by me. I certify that I am the physician named above, and all data I have entered is true.

SAVE DELETE CLOSE

* Indicates required information. Please contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030 for assistance.

Once the physician selects an incomplete supervision record, he/she must make sure the number of hours and a begin date have been entered, click the box to attest and save the record.

Note: if the begin date field does not appear on the record, then the PA has not attested yet. **The PA must attest before the physician can complete the record.** An end date can be entered, but is not required.

A new complete  relationship will be added to the physician and PA's listings.

Supervision/Prescriptive Delegation – PA adding delegation and/or supervision by selecting the “New Supervision/Delegation” button:

The screenshot shows a web form with two main sections: "Supervision Detail" and "Delegation Detail".

- Supervision Detail:** Contains a field for "Hours: *" with a red-bordered input box.
- Delegation Detail:** Contains several fields:
 - "Physician License: *" with a red-bordered input box.
 - "PA/APN License: *" with a red-bordered input box.
 - "Hours at this location: *" with a red-bordered input box.
 - "Location Type: *" with a dropdown menu showing "Practice Site".
 - "Practice Address 1: *" with a red-bordered input box.
 - "Practice Address 2:" with a red-bordered input box.
 - "Practice City: *" with a red-bordered input box.
 - "Practice State: *" with a dropdown menu showing "TX".
 - "Practice Zip: *" with a red-bordered input box.

Below the form is a checkbox with the text: "I understand the laws and rules governing my practice as a physician assistant or advanced practice nurse, including prescriptive delegation. I certify that I am the physician assistant or advanced practice nurse named above, and all data I have entered is true." The checkbox is currently unchecked.

At the bottom of the form are three buttons: "SAVE", "ADD ADDITIONAL LOCATION", and "CLOSE".

Since a physician’s attestation creates the final relationship, it is easier if the PA starts the process to create the relationship and then the physician completes it.

Once a PA enters the physician license number, clicks the box to attest and saves the record, a partial record will be automatically created. Note: the PA can enter the number of hours (both supervision and PD), the location and an end date, but they are not required to in order to start the relationship.

A new incomplete  relationship will be added to the PA and physician’s listings.

Once a supervision and or delegation record has been attested to by both parties, the only information that can be modified is the number of hours, it can only be updated by the physician, and he/she must attest again. Any other changes will require a termination date to the existing record and the creation of a new record with the updated information.

Welcome [redacted]

Supervision Detail

Physician License: * [redacted]

PA License: * [redacted]

Hours: * 40

Supervision Begin Date (mm/dd/yyyy): * 1/15/2013

Supervision End Date (mm/dd/yyyy): [redacted]

Entering an end date will notify the Board that the supervision relationship described in this record has been or will be terminated on the date entered.

Note: Terminating supervision will terminate all delegations for that supervision automatically. To terminate a delegation location, please enter an end date in the delegation section. Terminating a specific delegation location will only terminate that location. Should you wish to terminate more than one location, you will need to terminate each individually. Locations for APNs must be terminated individually.

I am of the opinion that the physician assistant named above is possessed of good professional character and is both mentally and physically able to perform as a physician assistant in accordance with the rules of the Texas Physician Assistant Board. I retain professional and legal responsibility for the care rendered by the physician assistant, as directed by me. I certify that I am the physician named above, and all data I have entered is true.

SAVE **ADD DELEGATION** **CLOSE**

* Indicates required information. Please contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030 for assistance.

Note: once a supervision record is created, you may also start delegation from within it by selecting the “Add Delegation” button.

Note: if an existing supervision record has prescriptive delegation added, the icon will change to either “Incomplete Supervision and/or Delegation” or “Complete Supervision and/or Delegation.”

Supervision/Delegation screen – physician completing delegation and/or supervision for a PA/APN:

Delegation Detail

Delegation Agreement Begin Date (mm/dd/yyyy): *

Physician License: *

PA/APN License: *

Hours at this location: *

Location Type: *

Practice Address 1: *

Practice Address 2:

Practice City: *

Practice State: *

Practice Zip: *

For Controlled Substances: †

For Dangerous Drugs: §

Delegation Begin Date (mm/dd/yyyy): *

I understand the laws and rules governing prescriptive delegation. I certify that I am the physician named above, and all data I have entered is true.

Supervision (only applicable to Physician Assistants) - I am of the opinion that the physician assistant named above is possessed of good professional character and is both mentally and physically able to perform as a physician assistant in accordance with the rules of the Texas Physician Assistant Board. I retain professional and legal responsibility for the care rendered by the physician assistant, as directed by me.

* Indicates required information. Please contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030 for assistance.

† Controlled Substances - medications that require prescriptions and are on the list of scheduled drugs.

§ Dangerous Drugs - medications that require prescriptions and ARE NOT on the list of scheduled drugs.

For a current list of scheduled drugs (controlled substances): <http://www.justice.gov/dea/pubs/scheduling.html>

Once a physician selects an incomplete delegation record, he/she must make sure all required information is entered (fields are indicated with a *), click the box to attest and save the record.

Required information includes the “Delegation Agreement Begin Date” the first time delegation is given to a PA or APN, or the first update to an existing delegation after the system update in January 2014.

Note: if the begin date(s) field does not appear on the record, then the PA/APN has not attested yet. The PA/APN must attest before the physician can complete the record. An end date can be entered, but is not required.

A new complete  relationship will be added to the physician and PA's listings.

Once a supervision and or delegation record has been attested to by both parties, the only information that can be modified is the number of hours, it can only be updated by the physician, and he/she must attest again. Any other changes will require a termination date to the existing record and the creation of a new record with the updated information.

At the bottom of the delegation screen is an option to add an additional location. This saves some time when creating several locations at once.

At the bottom of the delegation screen, once the mid-level has attested, is a definition of Controlled substances and Dangerous drugs, if additional explanation is needed.

Delegation screen – APN adding prescriptive delegation

Welcome [Name] [Title]

Delegation Detail

Physician License: * [Redacted]

PA/APN License: * [Redacted]

Hours at this location: * [Redacted]

Location Type: * Practice Site [Dropdown]

Practice Address 1: * [Redacted]

Practice Address 2: [Redacted]

Practice City: * [Redacted]

Practice State: * TX [Redacted]

Practice Zip: * [Redacted]

I understand the laws and rules governing my practice as a physician assistant or advanced practice nurse, including prescriptive delegation. I certify that I am the physician assistant or advanced practice nurse named above, and all data I have entered is true.

SAVE ADD ADDITIONAL LOCATION CLOSE

* Indicates required information. Please contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030 for assistance.

APN adding delegation by selecting the “New Delegation” button:

Since a physician’s attestation creates the final relationship, it is easier if the APN starts the process to create the relationship and then the physician completes it.

Once an APN enters the physician license number, clicks the box to attest and saves the record, a partial record will be automatically created. Note: the APN can enter the number of hours, the location and an end date, but they are not required to in order to start the relationship.



A new incomplete relationship will be added to the APN and physician’s listings.

Once a supervision and or delegation record has been attested to by both parties, the only information that can be modified is the number of hours, it can only be updated by the physician, and he/she must attest again. Any other changes will require a termination date to the existing record and the creation of a new record with the updated information.