

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.

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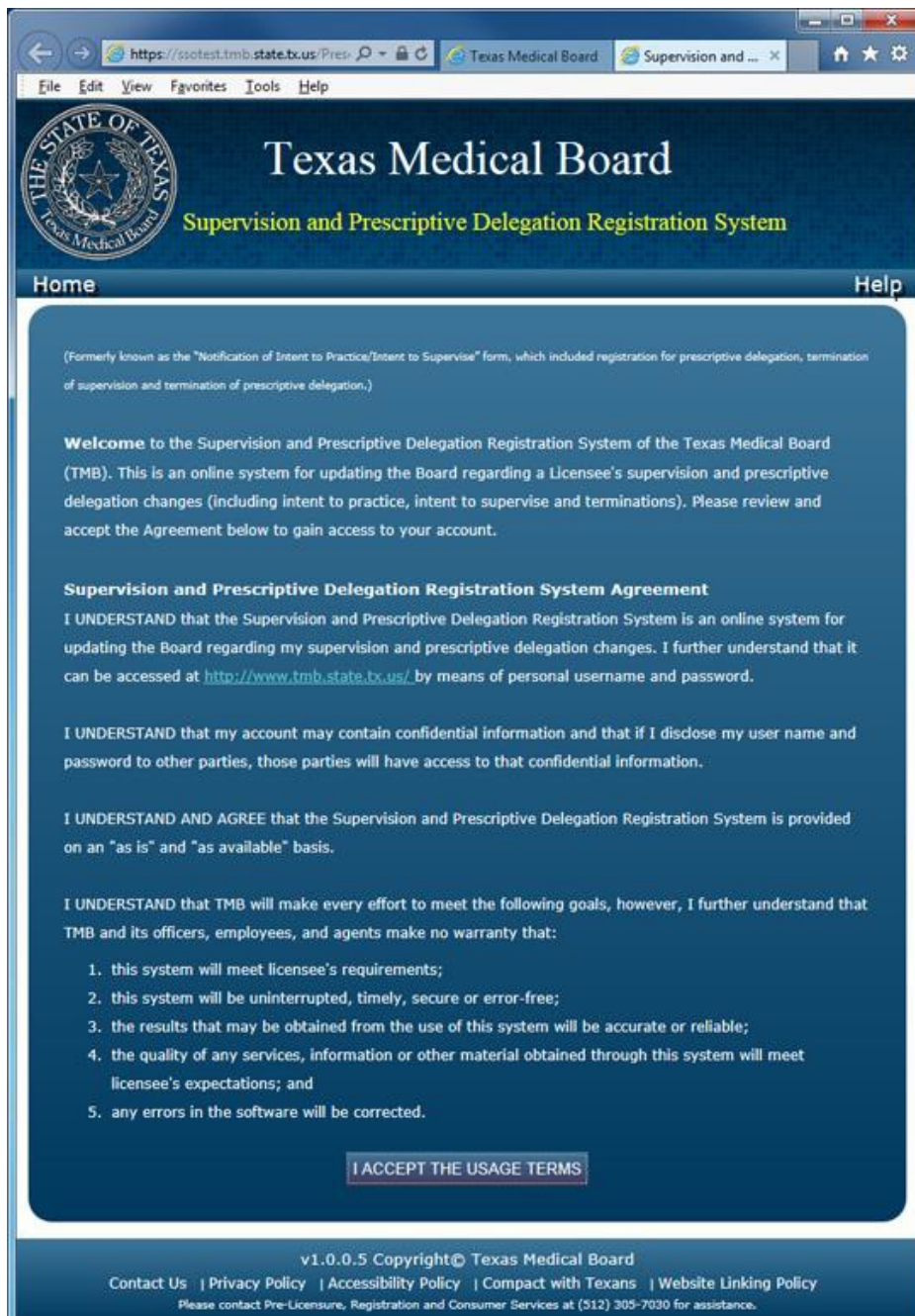
[Supervision/Delegation screen](#) – physician completing delegation and/or supervision for a PA/APN

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

Texas Medical Board
Account Information

Choose from the sections below to update your MyTMB account details.

Security Check:
Account changes must be re-verified to ensure the account is not hacked. Enter the code below and your password to verify.
[CLICK HERE to get a new image](#)

2NNFP [input] [HELP]

Password: [input] [VERIFY]

Update Email Address
Use this section to update your Email Address/Username. You will have to re-verify this address.

This is also your Username

Current Email Address:
[input]

New Email Address:
[input]

Re-Enter New Email Address:
[input]

[SAVE] [HELP]

Verify Email Address
Your email address **MUST** be verified prior to using the MyTMB Portal. Either click the link in the email or enter the code from the email into the box below and click the Verify button. You can request a new verification to be sent by clicking the Send button.

Verification Code:
[input]

[VERIFY] [SEND]

Update Password
Use this section to update your Password.

New Password:
[input]

Re-Enter New Password:
[input]

(Passwords must be between 8-20 characters and must contain at least one Number and one Special Character from the set: !@#%&_?)

[SAVE] [HELP]

Update Contact Phone Number
Use this section to update your Contact Phone Number.

Current Phone Number:
[input]

New Phone Number:
[input]

Mobile Text Notifications

[SAVE] [HELP]

Update Contact Address
Use this section to update your Contact Address.

Current Contact Address:
[input]

Country*:
UNITED STATES

Address Line 1*: [AutoComplete](#)
[input] [Enter a location](#)

Address Line 2:
[input]

City*:
[input]

State*:
[input]

Postal Code*:
[input]

* Indicates Required Information.

This will only update the existing Mailing Address on file.

To request a new copy of your permit please contact the Consumer Services department at 512-305-7030 or Registrations@tmb.state.tx.us.

[SAVE] [HELP]

Update Security Questions
Use this section to update your Security Questions.

First company you worked for?
[input]

New Question/Answer:
< Select >

[input]

Name of favorite book?
[input]

New Question/Answer:
< Select >

[input]

Hospital where you were born?
[input]

New Question/Answer:
< Select >

[input]

[SAVE] [HELP]

[RETURN TO PORTAL]

Supervision and Prescriptive Delegation screen –

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.

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



Relationships are sorted in last name order.

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: *


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 to 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:

Supervision Detail

Hours: *

Delegation Detail

Physician License: *

PA/APN License: *

Hours at this location: *

Location Type: *

Practice Address 1: *

Practice Address 2:

Practice City: *

Practice State: *


Practice Zip: *

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.

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. Note – the new delegation record will need to have a start date that is after the previous record’s termination date. Delegations for the same individuals at the same location cannot overlap.

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.

SAVE **DELETE** **ADD ADDITIONAL LOCATION** **CLOSE**

Practice Zip: * 75227

For Controlled Substances: †

For Dangerous Drugs: §

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

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.

Note: The physician's attestation is the same for delegating to a PA or an APN. At this time APNs are only required to register prescriptive delegation with the TMB, not general supervision. PAs however, are required to register for supervision whether or not prescriptive delegation is given. On the prescriptive delegation screen there is one check box that will cover attesting to both the prescriptive delegation (for either PA/APN), and the supervision (PA only).



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.

A new complete  relationship will be added to the physician and PA's listings, once the physician has completed the record, clicked the box to attest, and hit Save.

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. Note – the new delegation record will need to have a start date that is after the previous record's termination date. Delegations for the same individuals at the same location cannot overlap.

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] [Address]

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. Note – the new delegation record will need to have a start date that is after the previous record’s termination date. Delegations for the same individuals at the same location cannot overlap.