**CHECKLIST FOR SUPERVISION**

Date:

Name of NP/PA:

Name of Supervising Physician:

**Check When Complete**

\_\_\_\_ 1. Documents in Order and On Site

 \_\_\_\_ a. licensure and registration

 \_\_\_\_ b. Supervisory Arrangement or Collaborative Practice Agreement

 \_\_\_\_ c. Primary and Back-up Supervising Physicians (Signed and Dated)

 \_\_\_\_ d. DEA registration and pharmacy permit (if applicable)

 \_\_\_\_ e. Written Prescribing Instructions (PA’s only)

 \_\_\_\_ f. CE documentation

\_\_\_\_ 2. QI Topic for this meeting:

\_\_\_\_ 3. Areas for Improvement:

\_\_\_\_ 4. Chart review (related to QI topic covered)

 \_\_\_\_ Adequate documentation of symptoms

 \_\_\_\_ Medications prescribed and documented

 \_\_\_\_ Side effects

\_\_\_\_ 5. Case Presentation: \_\_\_\_ Oral \_\_\_\_ Written\_\_\_\_ Video

\_\_\_\_ 6. Follow up of last QI areas for improvement

\_\_\_\_ 7. Other concerns addressed: