

(II) EVIDENCE OF:

1. CERTIFICATION BY THE NATIONAL COMMISSION ON THE CERTIFICATION OF PHYSICIAN ASSISTANTS, INC. WITHIN THE PREVIOUS 2 YEARS; OR

2. SUCCESSFUL COMPLETION OF 8 CATEGORY 1 HOURS IN PHARMACOLOGY EDUCATION WITHIN THE PREVIOUS 2 YEARS; AND

(III) ATTESTATION THAT THE PHYSICIAN ASSISTANT WILL COMPLY WITH:

1. STATE AND FEDERAL LAWS GOVERNING THE PRESCRIBING OF MEDICATIONS; AND

2. THE PROTOCOLS ESTABLISHED BY THE HOSPITAL, PUBLIC HEALTH FACILITY, CORRECTIONAL FACILITY, OR DETENTION CENTER WHERE THE PHYSICIAN ASSISTANT IS REQUESTING PERMISSION TO WRITE MEDICATION ORDERS;

(2) THE HOSPITAL, PUBLIC HEALTH FACILITY, CORRECTIONAL FACILITY, OR DETENTION CENTER WHERE THE PHYSICIAN ASSISTANT IS REQUESTING PERMISSION TO WRITE MEDICATION ORDERS:

(I) EXAMINES THE PHYSICIAN ASSISTANT'S QUALIFICATIONS TO WRITE MEDICATION ORDERS AS PART OF AN ESTABLISHED CREDENTIALING PROCESS; AND

(II) ATTESTS TO HAVING ESTABLISHED MINIMUM CRITERIA FOR PROTOCOLS THAT:

1. ALLOW A PHYSICIAN ASSISTANT TO WRITE MEDICATION ORDERS ONLY IN ACCORDANCE WITH CLINICAL PRIVILEGES AND THE DELEGATION AGREEMENT APPROVED BY THE BOARD;

2. REQUIRE A PHYSICIAN WHO HAS BEEN APPROVED BY THE BOARD TO SUPERVISE A PHYSICIAN ASSISTANT TO COUNTERSIGN ALL MEDICATION ORDERS IN ACCORDANCE WITH THIS SECTION;

3. PROHIBIT A PHYSICIAN ASSISTANT FROM USING PRESIGNED PRESCRIPTIONS;

4. PROHIBIT A PHYSICIAN ASSISTANT FROM DISPENSING MEDICATIONS;

5. REQUIRE A PHYSICIAN ASSISTANT TO LEGIBLY SIGN EACH MEDICATION ORDER OR SET OF MEDICATION ORDERS WITH THE NAME OF THE PHYSICIAN ASSISTANT, THE INITIALS "PA-C", AND ANY OTHER NOTATION MANDATED BY THE HOSPITAL, PUBLIC HEALTH FACILITY, CORRECTIONAL FACILITY, OR DETENTION CENTER;

6. ALLOW A PHYSICIAN ASSISTANT'S MEDICATION ORDERS TO BE TRANSMITTED BY FACSIMILE OR OTHER NONVERBAL ELECTRONIC COMMUNICATION ONLY TO A PHARMACY WITHIN THE HOSPITAL, PUBLIC HEALTH