

# 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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## 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 screenshot shows a web browser window with the URL <https://ssotest.tmb.state.tx.us/Pres>. The page features the Texas Medical Board logo and the title "Texas Medical Board Supervision and Prescriptive Delegation Registration System". Below the title, there are links for "Home" and "Help". The main content area contains a welcome message, a detailed agreement, and a list of system goals. At the bottom, there is a button labeled "I ACCEPT THE USAGE TERMS".

(Formerly known as the "Notification of Intent to Practice/Intent to Supervise" form, which included registration for prescriptive delegation, termination of supervision and termination of prescriptive delegation.)

**Welcome** to the Supervision and Prescriptive Delegation Registration System of the Texas Medical Board (TMB). This is an online system for updating the Board regarding a Licensee's supervision and prescriptive delegation changes (including intent to practice, intent to supervise and terminations). Please review and accept the Agreement below to gain access to your account.

**Supervision and Prescriptive Delegation Registration System Agreement**

I UNDERSTAND that the Supervision and Prescriptive Delegation Registration System is an online system for updating the Board regarding my supervision and prescriptive delegation changes. I further understand that it can be accessed at <http://www.tmb.state.tx.us/> by means of personal username and password.

I UNDERSTAND that my account may contain confidential information and that if I disclose my user name and password to other parties, those parties will have access to that confidential information.

I UNDERSTAND AND AGREE that the Supervision and Prescriptive Delegation Registration System is provided on an "as is" and "as available" basis.

I UNDERSTAND that TMB will make every effort to meet the following goals, however, I further understand that TMB and its officers, employees, and agents make no warranty that:

1. this system will meet licensee's requirements;
2. this system will be uninterrupted, timely, secure or error-free;
3. the results that may be obtained from the use of this system will be accurate or reliable;
4. the quality of any services, information or other material obtained through this system will meet licensee's expectations; and
5. any errors in the software will be corrected.

**I ACCEPT THE USAGE TERMS**


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Contact Us | Privacy Policy | Accessibility Policy | Compact with Texans | Website Linking Policy  
Please contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030 for assistance.

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 –**

[Logout](#) [Back](#) [Help](#)

**Security Check:**  
Account changes must be re-verified to ensure the account is not hacked. Enter the code below and your password to verify.  
Can't read it? [Get a new image](#)



**Update Username**

Current:

New Username:

Re-Enter New Username:

(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.)

**Update Password**

New Password:

Re-Enter New Password:

(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: !@#\$%&\_~.)

**Update Email Address**

Current:

New Email Address:



Re-Enter New Email Address:



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 and the security check code 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]

[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.

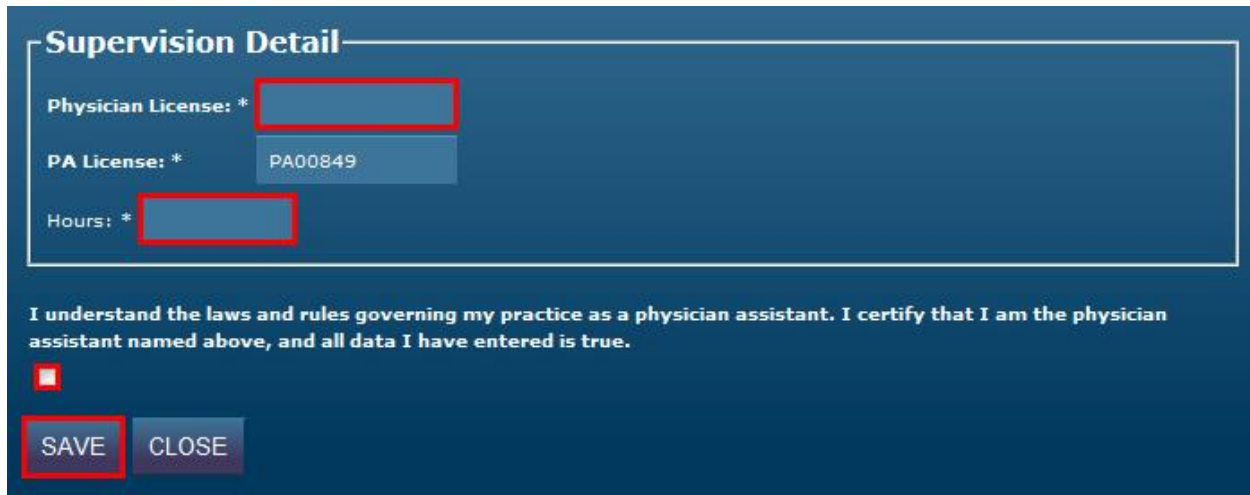
[NEW SUPERVISION](#)   [NEW SUPERVISION/DELEGATION](#)

**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:




The screenshot shows a web form titled "Supervision Detail" on a dark blue background. The form contains three input fields: "Physician License: \*" with a red rectangular box next to it, "PA License: \*" with the value "PA00849" entered, and "Hours: \*" with a red rectangular box next to it. Below these fields is a text box containing the statement: "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." Below this text box is a small red square checkbox. At the bottom of the form are two buttons: "SAVE" and "CLOSE". The "SAVE" button is highlighted with a red rectangular box.

**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, 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:

The screenshot shows a web form with two main sections: "Supervision Detail" and "Delegation Detail". The "Supervision Detail" section has a field for "Hours: \*" with a red box around it. The "Delegation Detail" section contains several fields: "Physician License: \*" with a red box, "PA/APN License: \*" with a dropdown menu, "Hours at this location: \*" with a red box, "Location Type: \*" with a dropdown menu showing "Practice Site", "Practice Address 1: \*" with a red box, "Practice Address 2:" with a text box, "Practice City: \*" with a red box, "Practice State: \*" with a dropdown menu showing "TX", and "Practice Zip: \*" with a red box. Below these fields is a checkbox with a red box next to it, and a text box containing the statement: "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." At the bottom 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), and the location, 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."

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**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: \* 0

Location Type: \* Practice Site

Practice Address 1: \*

Practice Address 2:

Practice City: \*

Practice State: \* TX

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

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.

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## Delegation screen – APN adding prescriptive delegation:

Welcome [Name] [Title]

### Delegation Detail

Physician License: \* [Text Box]

PA/APN License: \* [Text Box]

Hours at this location: \* [Text Box]

Location Type: \* Practice Site [Dropdown]

Practice Address 1: \* [Text Box]

Practice Address 2: [Text Box]

Practice City: \* [Text Box]

Practice State: \* TX [Text Box]

Practice Zip: \* [Text Box]

☐ 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.

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