SAMPLE WRITTEN LOG
DELEGATING PHYSICIAN SUPERVISION LOG

A. DAILY STATUS REPORTS

DATE	APN/PA	NAME/MRN OF PATIENT DISCUSSED

B. DELEGATING/ALTERNATE PHYSICIAN ON-SITE VISIT SUMMARY

1. Date of On-Site Visit: _____
2. APNs/PAs on Site: _____
3. Summary:

a. Description of Quality Assurance Activities Conducted

b. Names of Patients Seen or Whose Case Histories were Reviewed with APN/PA.

_____ _____
Delegating Physician/Alternate Physician Signature Date