



ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340 • Little Rock, AR 72201 • (501) 296-1802 • Fax (501) 296-1972
www.armedicalboard.org

REQUEST FOR BIOLOGIC PRESCRIPTIVE AUTHORITY

- I am requesting that the below named Physician Assistant be allowed to prescribe Biologic medication. ** If Biologic authority is requested, the PA Advisory Committee will need a letter regarding the request for Biologic authority (to include a complete list of medication). **

Supervising Physician Signature

AR License Number

Date

Physician Assistant Signature

AR License Number

Date

The completed document should be returned to the Arkansas State Medical Board via mail, email attachment (PDF ONLY) to support@armedicalboard.org or fax to (501) 296-1972.