



## Physician Assistant Independent Practice Attestation

As a physician assistant licensed in the State of Montana, I affirm that I have 8,000 hours or more of postgraduate clinical experience, that I am therefore exempt from the statutory requirement of a collaborative agreement, and that no collaborative agreement or supervisory agreement is required by my employer, any federal, state, or private payer, or any other entity. I represent and attest that I will engage only in a clinical practice for which I am educationally prepared and for which I have achieved and maintained competency.

**Employer/Provider:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_