NOTICE OF TERMINATION OF SUPERVISING AND/OR COLLABORATING AGREEMENT

TO: The Nevada State Board of Medical Examiners
ATTN: Florlinda Grabek, Licensing Support Specialist
1105 Terminal Way, Suite 301
Reno, NV 89502-2144

Please be advised that:

_____, PA-C or APN, License No. _____, and
(Please Print)

_____, M.D., License No. _____,
(Please Print)

terminated their supervising and/or collaborating agreement as of _____.
(Date)

Print Name: _____

Signature: _____ Date: _____
(Physician Assistant or Medical Doctor Licensee **Only**)

NOTE:

Per NAC 630.360(4), a physician assistant shall notify the Board in writing within 72 hours after any change relating to his supervising physician.

Per NAC 630.490(5), a collaborating physician shall immediately notify the Board of the termination of collaboration between the collaborating physician and an advanced practitioner of nursing.

Please complete and mail or fax this form to: Nevada State Board of Medical Examiners
1105 Terminal Way, Suite 301, Reno, NV 89502-2144
FAX: (775) 688-2551