

**NOTICE OF TERMINATION OF SUPERVISING AND/OR
COLLABORATING AGREEMENT**

TO: The Nevada State Board of Medical Examiners
ATTN: Amber Goetz, Licensing Administrative Assistant
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
Attn: Amber Goetz, Licensing Administrative Assistant
1105 Terminal Way, Suite 301, Reno, NV 89502-2144
FAX: (775) 688-2551**