

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

To: The Nevada State Board of Medical Examiners  
Attn: Licensing  
9600 Gateway Drive  
Reno, NV 89521

Please be advised that:

\_\_\_\_\_, PA-C or APRN, 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 practice registered nurse.

**Please complete and send this form to:**

**Nevada State Board of Medical Examiners  
Attn: Licensing  
9600 Gateway Drive, Reno, NV 89521  
Fax: 775-688-2551  
Email: nsbme@medboard.nv.gov**