

WEST VIRGINIA BOARD OF MEDICINE
101 DEE DRIVE, SUITE 103, CHARLESTON, WEST VIRGINIA 25311
(304) 558-2921
WWW.WVBOM.WV.GOV

NOTIFICATION OF TERMINATION OF A PRACTICE AGREEMENT

REPORTING REQUIREMENT:

A collaborating physician or a physician assistant may terminate a practice agreement. A physician assistant shall immediately cease practicing upon the termination of a practice agreement. The physician assistant must notify the Board, in writing, within ten (10) days of the termination of any practice agreement (W. Va. Code R. §11-1B-11.13).

INSTRUCTIONS: This form is to be completed by the physician assistant. Acknowledgement of receipt will be provided to the physician assistant and collaborating physician via e-mail.

Effective Date of Termination:

Physician Assistant Information

License #:

Last Name:

First Name:

E-mail Address:

Telephone #:

Collaborating Physician Information

Last Name:

First Name:

E-mail Address:

Reason(s) for Termination: Reasons may include voluntary resignation, resignation after a notice of intent to terminate, change of employment, etc.

Physician Assistant Signature

Physician Assistant Signature

Date