OREGON BOARD OF MEDICAL EXAMINERS

1500 SW First Ave, Suite 620 Portland, OR 97201 (971) 673-2700

Physician Assistant / Supervising Physician Notification of Termination of Supervisory Relationship

Use this form to notify the Board of Medical Examiners that the Board approved supervisory relationship between the physician and physician assistant indicated below has ended. The Board must receive notice of termination within fifteen days following termination of supervision. This form will be returned if not complete.

PHYSICIAN ASSISTANT complete the following section:	
PRINT Full Name:	License Number: PA
Reason for Termination:	
Troubon for minduon.	
Termination Effective Date:	
	Data Signadi
PA Signature:	Date Signed:
SUPERVISING PHYSICIAN complete the following section:	
DDINT Full Name	L'acces Nombre
PRINT Full Name: Reason for Termination:	License Number:
Treason for Termination.	
Termination Effective Date:	
Physician Signature:	Date Signed:

Attention: PA Licensing Program