

Vermont Board of Medical Practice
108 Cherry Street, PO Box 70
Burlington, VT 05402

Physician Assistant Termination with Participating Physician Form

Name of Physician Assistant: _____

PA License Number: _____

Participating Physician: _____

Participating Physician license number: _____

Site where you were working: _____

Date Employment terminated: _____

Reason Employment terminated: (Circle answer)

- A. PA left employment
- B. Participating Physician left practice
- C. Practice closing
- D. Other (provide explanation below)

Have any of the grounds of unprofessional conduct as described in 26 VSA Section 1736 (see attachment) occurred? If yes, please explain

- A. Yes
- B. No

Physician Assistant Signature: _____

Participating Physician Signature: _____

Date: _____