

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. Primary Supervising 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: \_\_\_\_\_