

**FORM H
PHYSICIAN ASSISTANT
SEPARATION NOTIFICATION FORM**

Do NOT complete this form if you are not resigning from your current supervising physician at this time.

Physician Assistant Statement:

I hereby serve notice to the *Georgia Composite Medical Board* that Doctor

_____ is no longer a primary supervising physician
(Physician's Full Name) – please print legibly

_____ effective: ____/____/____.
(license number) (Month) (Day) (Year)

For:

Physician Assistant Name – (please print legibly)

License Number

Physician Assistant Signature

Date Signed

Physician's Statement:

I hereby serve notice to the *Georgia Composite Medical Board*, that I am no longer serving as a primary supervising physician for:

_____ effective: ____/____/____
(Physician Assistant Full Name)– please print legibly (Month) (Day) (Year)

Physician's Signature

Date Signed

Complete one of the following as appropriate:

- A. I am currently unemployed and no longer supervised by Dr. _____
- B. My application to the Board for a change in primary supervising physician to
Dr. _____ has been recently approved by the Board effective
_____/_____/_____
(Month) (Day) (Year)
- C. I left the practice of Dr. _____ but I am continuing to work at
another practice with Dr. _____ who is recognized by the Board as
an additional primary supervising physician (not a secondary supervising physician).
- D. I have an application pending with the Board for Dr. _____ to become a
new primary supervising physician

Also complete this section if applicable:

I am unable to contact Dr. _____ to obtain his/her signature to be
released from primary sponsorship. I have attempted to contact her/him through:

- ☐ email
- ☐ telephone
- ☐ US Postal Service or other similar means
- ☐ personal visit to the office

Physician Assistant Signature

Date Signed