

**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