

## NOTICE OF TERMINATION OF PLAN OF SUPERVISION

Please be advised that:

\_\_\_\_\_, PA-C, license number \_\_\_\_\_, and  
(Please Print)

\_\_\_\_\_, MD/DO, License number \_\_\_\_\_,  
(Please Print)

terminated their Plan of Supervision as of \_\_\_\_\_.  
(Date)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Physician Assistant or Supervising Physician only)

### NOTE:

Per Joint Rule Chapter 2 section 6 (2) notification of termination must be provided by the physician assistant within ten (10) calendar days. Failure to notify the appropriate Board within the time frame may result in a \$100 citation or disciplinary action.

Please complete and mail or fax this form to:

Maine Board of Osteopathic Licensure  
142 State House Station  
Augusta, ME 04333-0142  
Fax: (207) 536-5811

Maine Board of Licensure in Medicine  
137 State House Station  
Augusta, ME 04333-0137  
Fax: (207)287-6590

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