THE STATE
of
ALASKA
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Alaska State Medical Board
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Addendum to Collaborative Plan

Physician Assistant Name:		Primary Physician Name:	

If you have more than one alternate collaborating physician for a collaborative plan, use this form to add additional alternate collaborating physicians and attach to the plan between the PA-C and the physician shown above.

Alternate Collaborating Physician's Statement

I hereby certify that I am familiar with the statutes and regulations of the State of Alaska governing the activities and responsibilities of a collaborating physician and that I will fulfill those responsibilities in this collaborative agreement in the absence of the primary collaborating physician. In entering into this agreement as alternate collaborating physician, I accept professional or employer liability to patients of the physician assistant for whom malpractice is adjudged. I have retained a copy of this agreement for my records. I will also maintain and make available for audit by the State of Alaska any performance assessment records which are generated as a result of this collaborative agreement in my capacity as alternate collaborating physician.

1.	☐ Add	☐ Delete	☐ No Change	
Signature:			Date:	
Printed Name:			AK License Number:	
Address:			Phone:	

2.	☐ Add	☐ Delete	☐ No Change	
Signature:			Date:	
Printed Name:			AK License Number:	
Address:			Phone:	

3.	☐ Add	☐ Delete	☐ No Change	
Signature:			Date:	
Printed Name:			AK License Number:	
Address:			Phone:	