

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

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Active Collaborative Plan Renewal

of

This form must be signed by the primary physician for existing collaborative plans to be eligible for renewal. This form may not be used to add additional collaborative plan agreements (#08-4226d).

Provide the name(s) and license number(s) for the collaborative plans you wish to remain active as the primary physician.

Any plan that is not renewed by the primary physician's signature below will be considered expired (and voided).

Name of Physician Assistant	Collaborative Plan Number	Physician Assistant License Number

Make copies and attach additional pages as necessary.

Select this box if additional pages are attached. *Please note, you are only required to sign the first page.*

Signature

By my signature below, I acknowledge that I am and wish to remain the physician of the physician assistant(s) and their respective collaborative plan(s) as listed above.

Primary Physician Signature:

Date Signed:

08-0079a (Rev. 09/16/2022)