



THE STATE
of

ALASKA

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

Alaska State Medical Board

PO Box 110806, Juneau, AK 99811-0806
(907) 269-8163

Email: MedicalBoard@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/StateMedicalBoard

Active Collaborative Plan Renewal

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

Regulation 12 AAC 40.470 (see attached) requires the collaborative plan agreements be verified.

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 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.*

<p>Attestation: <i>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.</i></p>			
Primary Physician Full Name:		Primary Physician License Number:	
Primary Physician Signature:		Date:	