

## 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 Phone: (907) 465-2550 Email: MedicalBoard@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/StateMedicalBoard

## **Active Collaborative Plan Renewal**

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).

No.	Dharistan Assistant	Callah ayatiya Blay No. 1	Dhi.i	data at Danas a Novel
Name of	Physician Assistant	Collaborative Plan Number	Physician Ass	sistant 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			Date Signed:	