South Carolina Department of Labor, Licensing and Regulation
Board of Medical Examiners
Synergy Business Park, Kingstree Building
110 Centerview Drive
Post Office Box 11289
Columbia, SC 29211
(803) 896-4500

PRIMARY SUPERVISOR TERMINATION NOTIFICATION

Do Not complete this form if, at this time, you have not terminated the supervisory relationship with the physician listed below.

I hereby serve notice to the South Carolina Board of Medical Examiners that Doctor _____

_____**(physician's full name)**, _____**(license number)**, is no longer a primary supervising

physician for _____**(physician assistant's name)**, _____**(license number)**,

effective: _____/_____/_____**(date)**.

_____ _____
Physician Assistant's Signature Date

_____ _____
Physician's Signature Date

Circle one of the following as appropriate:

1. I am currently unemployed and no longer supervised by the physician listed above.

2. My request to the Board for a change in primary supervising physician to Dr._____ (physician's full name) has been recently approved by the Board effective _____/_____/_____(date)

3. I left the practice of the physician named above but I am continuing to work at another practice with Dr. _____ _____(physician's full name) who is recognized by the Board as an additional primary supervising physician.

4. I have a request pending with the Board for Dr. _____(physician's full name) to become a primary supervising physician.

Also complete this section if applicable:

I am unable to contact Dr. _____to obtain his/her signature to be released from his/her primary supervision. I have attempted to contact him/her through:

( ) email ( ) US Postal Service or other similar means

( ) telephone ( ) personal visit to the office