

# Practice Agreement Termination



WASHINGTON  
**Medical  
Commission**  
Licensing. Accountability. Leadership.

## Filing a Termination

This form can be used to terminate an existing practice agreement. You can file this form with the WMC by emailing it to [medical.delegations@wmc.wa.gov](mailto:medical.delegations@wmc.wa.gov).

I am filing a termination to an existing practice agreement between:

Physician Assistant Name	
Supervising Physician Name	
Alternate Physician Name	
Practice Agreement Number	
Effective Date	

I am requesting that the following supervising physicians be added to the existing practice agreement:

Name	License Number	Email	Phone Number

## Signatures

Any supervising physician being added to the practice agreement as a result of this termination must review the existing practice agreement and approve these changes.

- I have reviewed the existing practice agreement and understand the duties and responsibilities of the physician assistant, the supervising physician, and alternate physicians.

Supervising Physician Name:

Supervising Physician Signature:

Date: