Dr. Sue Painter, DNP, RN
Executive Director

email: rnboard@wv.gov
web address: wvrnboard.wv.gov

TELEPHONE:

304-744-0900

FAX: 304-744-0600

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
90 MacCorkle Ave., SW, Suite 203
South Charleston, WV 25303

DISSOLVEMENT/TERMINATION OF COLLABORATIVE AGREEMENT

NAME OF APRN:_____
PRINT

RXA NUMBER:_____

LICENSE NUMBER:_____

DEA NUMBER:_____

COLLABORATIVE AGREEMENT DISSOLVED EFFECTIVE:_____
DATE

Name of Collaborative Physician:_____ ☐**MD** ☐**DO**
PRINT

Business Address:_____

_____

_____

City, State, Zip Code:_____

Business Phone:_____

West Virginia Medical License Number:_____

Reason for dissolvement of collaborative agreement:_____

_____

Prescriber's Signature:_____ Date:_____

SUBSCRIBED AND SWORN TO BEFORE ME this _____day of _____ 20_____

STATE OF_____

COUNTY OF_____ **(SEAL)**

Signature of Notary Public _____

My Commission Expires: _____