

**TERMINATION OF PRESCRIPTIVE AUTHORITY COLLABORATIVE
AGREEMENT BY COLLABORATING PHYSICIAN**

PHYSICIANS: Submit this form to **TERMINATE** a Prescriptive Authority Collaborative Agreement if you no longer collaborate with this Certified Registered Nurse Practitioner (CRNP).

CRNPS: Termination requests **MUST** be submitted via your PALS dashboard.

PRESCRIPTIVE AUTHORITY NUMBER

NAME OF CRNP

NAME OF COLLABORATING PHYSICIAN

PENNSYLVANIA CRNP NUMBER

PHYSICIAN LICENSE NUMBER
(Include all prefixes/suffixes)

PHYSICIAN PHONE NUMBER

PHYSICIAN E-MAIL

EFFECTIVE DATE OF TERMINATION (required)

Termination of agreement - The Agreement between the CRNP and the Collaborating Physician above is terminated. The CRNP may not continue to prescribe and dispense drugs under the authority of this physician.

Signature of Collaborating Physician

Date Signed