

Vermont Department of Health
Board of Medical Practice
108 Cherry Street, PO Box 70
Burlington VT 05402-0070

**Anesthesiologist Assistant
Notification to the Board of Termination of Employment Contract**

Name of Anesthesiologist Assistant: _____

Certification Number: _____

Supervising Anesthesiologist: _____

License Number: _____

Date of Termination of Employment Contract: _____

Reasons for ending the employment relationship: _____

Have any of the grounds of unprofessional conduct as described in 26 VSA
Section 1658 (See attachment) occurred? Yes No If yes, please explain:

Signature: _____ Anesthesiologist Assistant

Signature: _____ Supervising Anesthesiologist