



POSTGRADUATE TRAINING PROGRAM TERMINATION

Termination between physician and postgraduate training program is required within 7 days of the event of termination. The physicians postgraduate training license will be **cancelled** on the date of termination provided below.

Email the completed form to KSBHA_Licensing@ks.gov or mail directly to the Board. It is highly recommended that the postgraduate program and the physician make and keep copies of all termination of postgraduate programs submitted to the Board. Confirmation will be sent via email after the termination has been processed.

Name of Physician: _____

License Number: _____

Name of Sponsoring Institution: _____

Termination Date: _____

By signing below, I certify under penalty of perjury under the laws of the State of Kansas that the information provided is a true and correct statement regarding the official termination between the above-named physician and the designated postgraduate program.

Signature of Physician

Date

Signature of Program Official

Date

Printed Name & Title of Program Official