

**MARYLAND BOARD OF PHYSICIANS**  
**P.O. BOX 2571**  
**BALTIMORE, MD 21215**  
**www.mbp.state.md.us**

**TERMINATION OF EVALUATION AND TREATMENT PROTOCOL**

**REPORTING INSTRUCTIONS:** Supervising physicians, please notify the Board within **10 days** of a termination of an evaluation and treatment protocol with an athletic trainer if the reasons for the termination were:

- Grounds for disciplinary action under Health Occupations Article, Section 14-5D-14; or
- Reasons unrelated to grounds for disciplinary action, e.g., voluntary resignation, change in supervising physician, quality of care, etc.

**INSTRUCTIONS:** Supervising Physicians, athletic trainers, please complete the applicable information on pages 1 and 2 and mail form to address list at the top of the form. Termination notifications will be emailed to the supervising physician and the athletic trainer.

**1. EFFECTIVE DATE OF TERMINATION:**

**2. ATHLETIC TRAINER INFORMATION:**

License #:

Last Name, (Suffix, Jr., III):

First Name:

Middle Name/Initial:

Maiden Name:

Email Address:

**3. SUPERVISING PHYSICIAN INFORMATION:**

License #:

Last Name, (Suffix, Jr., III):

First Name:

Middle Name/Initial:

Maiden Name:

Email Address:

**4. ATHLETIC TRAINERS PRACTICE LOCATION(S):**

Facility/Employer Name:

Department:

Address:

City:

State:

Zip code:

Facility/Employer Name:

Department:

Address:

City:

State:

Zip code:

**5. General Reason(s) for Termination: Reasons may include, but are not limited to: voluntary resignation, change in supervising physician, quality of care issue, resignation after a notice of intent to terminate. Please provide supporting documentation, if applicable.**

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**6. Reason(s) for termination under Health Occupations Article, §14-5D-14, Grounds for disciplinary action. Please provide supporting documentation, if applicable.**

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**7. Signatures**

Name of Supervising Physician:

Signature of Supervising Physician:

Telephone Number: Date:

Email Address: