**I wish to leave my current practice and my OV Status is no longer required**

 **\* =** Mandatory Field

|  |  |  |
| --- | --- | --- |
| OV Name | \* | Click here to enter text. |
| SP Number | \* | Click here to enter text. |
| Practice Email Address | \* | Click here to enter text. |
| Contact Number | \* | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Current Practice Name | \* | Click here to enter text. |
| Current Practice Address | \* | Click here to enter text. |
| Date from which OV Status no longer required | \* | Click here to enter text. |
| Additional Comments |  | Click here to enter text. |
| Please tick this box to confirm that you understand the requirement to dispose of your OV stamp and certificate: [ ]  |

**Once completed please return:**

|  |  |
| --- | --- |
| **By Email:** CSCOneHealthOVTeam@apha.gov.uk  | **By Post:** OV Team County Hall Spetchley Road Worcester WR5 2NP |

**Applications will be actioned in 10 working days, any queries please contact the OV team.**