

**IDAHO STATE BOARD OF MEDICINE**

P.O. Box 83720 • Boise, ID 83720-0058 • (208) 327-7000  
Express Mail: 1755 Westgate Drive, Suite 140 • Boise, ID 83704

I hereby apply for registration as a(n):

**MEDICAL RESIDENT – Fee \$20**

**MEDICAL STUDENT/EXTERN – Fee \$10**

*(Please type or print)*

First Name		Middle Name		Last Name	
Public Address (Street)			(City, State, Zip)		*Social Security No.
*Confidential Address (Street)			(City, State, Zip)		
*Email Address			*Date of Birth (Month/ Day/Year)		
*Telephone			Sex: Male Female		
EDUCATION	ADDRESS	CITY/STATE/ZIP	DATES	DEGREE	
MEDICAL SCHOOL			TO	<b>MD or DO</b> <i>(circle one)</i>	
POSTGRADUATE			TO		

**Include with this form:**

- 1) Copy of birth certificate or passport.
- 2) Name, address, and description of the course of study in Idaho. Please provide on a separate sheet.
- 3) For R-1 residents and interns prescription authority for Schedule III-V medications may be requested if such is integral to the training program. A statement to this effect from the program director is necessary in such cases.
- 4) Summary information regarding the following: Criminal charges or conviction (regardless of the outcome), medical disciplinary actions, malpractice actions, if any. Please provide details on a separate sheet and court documents.

Registration requested to begin _____.			
<b>Please Note:</b> Registration will expire <b>June 30</b> of the following year. Registration can be renewed annually.			
Applicant's Signature X		Date	
<b>Statement of primary &amp; alternate supervising physician:</b> Applicant will work under my personal supervision during the time period stated, and I assume responsibility for the applicant's work.			
Name of Primary Supervising Physician <i>(Please Print)</i>		Name of Alternate Supervising Physician <i>(Please Print)</i>	
Signature of Supervising Physician X		Signature of Alternate Supervising Physician X	
Name of Practice Site		Name of Practice Site	
Address	Date	Address	Date

Rev. 05/15

\*Confidential-for Board Staff use only.