

SUPERVISING PHYSICIAN FORM

The Supervising Physician must designate one alternate directing physician to oversee the medical student/resident during the supervising physician's temporary absence. Please complete and return form to the Idaho State Board of Medicine, PO Box 83720, Boise, ID 83720-0058; Express Mail: 1755 Westgate Dr. #140, Boise, ID 83704. FAX: (208) 327-7005.

Date Received	Fee/Current	Approved By	Effective date
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Medical Student/Resident _____

SUPERVISING PHYSICIAN

Name _____
Last First Initial

Address _____
Street Telephone
City State Zip Code Idaho License

I certify that I have read the Rules of the Board of Medicine for Registration of Supervising and Directing Physicians

Signature _____

Date of Signature _____

Initial registration fee for primary supervising physician is \$50.00.

ALTERNATE SUPERVISING PHYSICIAN

Name _____
Last First Initial

Address _____
Street Telephone
City State Zip Code Idaho License

I certify that I have read the Rules of the Board of Medicine for Registration of Supervising and Directing Physicians

Signature _____

Date of Signature _____