

Addendum 2.2

Authorization for Release of Information

This form is to be completed by the applicant with the name(s) of any other individual(s) or entity(s), besides the applicant, with whom this Board may discuss the status of the pending application, i.e., spouse, staff members, or other third parties and returned with the application. **Without this fully completed form, the Board may discuss the pending status only with the applicant.**

I will be the only individual inquiring about the status of my application. (If you are not authorizing the release of information to a third party, you will **not** need to have this form notarized, just sign and date below.)

I authorize the following individuals to inquire about the status of my application (see below):

1. _____
First Name Last Name Relationship to Applicant

Name of Entity (University, Hospital, etc)

Telephone Number Email Address

2. _____
First Name Last Name Relationship to Applicant

Name of Entity (University, Hospital, etc)

Telephone Number Email Address

I hereby authorize and direct the Idaho State Board of Medicine, employees, agents, officers, representatives, and attorneys at any time to release information regarding my filed application for an Idaho medical license to practice medicine and surgery with the Idaho State Board of Medicine to the individuals named above.

I further authorize the Idaho State Board of Medicine, employees, agents, officers, representatives, and attorneys who have such information to consult with or discuss such information with any of the individuals named above.

Upon my knowledge and with legal consultation, I understand the nature of this Authorization for Release of Information regarding my filed application for an Idaho medical license to practice medicine and surgery with the Idaho State Board of Medicine.

I, and my heirs, do hereby release the Idaho State Board of Medicine, Committee on Professional Discipline of the Idaho State Board of Medicine, and its members, employees, agents, officers, representatives, and attorneys, from all liability and all claims of any nature whatsoever pertinent to the information released.

Name of Applicant: _____
First, Middle, Last

Applicant Signature: _____ Date: _____

STATE OF _____)
: ss
County of _____)

On this ____ day of _____, 20____, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, M.D./D.O., known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

NOTARY PUBLIC FOR _____
Residing at: _____
My Commission Expires: _____