OFFICE USE ONLY
Date received _____
Approved by _____
Date approved _____

DOPL-Idaho Board of Medicine
P.O. Box 83720
Boise, Idaho, 83720-0063

MEDICAL PERSONNEL
SUPERVISING PHYSICIAN REGISTRATION FORM

The Supervising Physician can designate one alternate supervising physician to oversee the medical personnel during the supervising physician's temporary absence. Please complete and return form to the Idaho State Board of Medicine at the address noted above.

MEDICAL PERSONNEL:

Medical Person's Name _____Idaho License #_____

Mailing Address _____
Street/PO Box, City, State, Zip

SUPERVISING PHYSICIAN:

Name _____Idaho License #_____

Business Address _____
Street/PO Box, City, State, Zip

Business Phone (___)_____ Other (___)_____ E-mail _____

NON-INCISIVE/NON-ABLATIVE PRESCRIPTIVE MEDICAL/COSMETIC DEVICE INFORMATION

Name of prescriptive device _____

Manufacturer _____

Device description _____

Intended device use _____

Hours of training on device use _____ Trainer Name / Affiliation _____

NON-INCISIVE/NON-ABLATIVE PRESCRIPTIVE MEDICAL/COSMETIC PRODUCT INFORMATION

Name of prescriptive product _____

Manufacturer _____

Product description _____

Intended product use _____

Hours of training on product use _____ Trainer Name / Affiliation _____

(continued)