

**North Dakota Board of Medicine**  
**Limited Endorsement to Prescribe Application**

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Name of Naturopathic Doctor: \_\_\_\_\_

Naturopathic Doctor's License Number: \_\_\_\_\_

Naturopathic Doctor's Practice Area: \_\_\_\_\_

Name of Supervising Physician: \_\_\_\_\_

Supervising Physician ND License Number: \_\_\_\_\_

Supervising Physician's Practice Area: \_\_\_\_\_

By signing this application, the naturopathic doctor and the supervising physician confirm that they have executed the submitted collaborative agreement in which the supervising physician will review the first one hundred prescriptions issued by the naturopathic doctor or twelve months of prescribing, whichever occurs first. A record will be kept of the dates and extent of collaboration including how many prescriptions were reviewed and notations of whether the prescriptions were satisfactory or whether any concerns were noted with any recommended modifications (see for example, Collaboration Documentation template). Collaboration will occur at least once a month. The supervising physician will evaluate the naturopathic doctor's ability to safely prescribe and administer prescription drugs within the naturopathic doctor's scope of practice, education, and training, along with the naturopathic doctor's compliance with federal and state law, pursuant to North Dakota Century Code section 43-58-08.01 and North Dakota Administrative Code section 50-06-02-07.

Naturopathic Doctor's Signature: \_\_\_\_\_

Supervising Physician's Signature: \_\_\_\_\_

\_\_\_\_\_ I certify that I have been prescribing and administering prescription drugs without limitation for at least five years.

**Please submit written collaborative agreement with this application and Physician and Naturopath CVs.**