

**North Dakota Board of Medicine  
Naturopathic Doctor  
Certificate of Completion of Independent Review**

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**STATEMENT OF SUPERVISING PHYSICIAN**

The following information is to be completed by the supervising physician.

Name of Naturopath Supervised: \_\_\_\_\_

Please provide a narrative statement on the scope and length of supervision and how the naturopath satisfactorily demonstrated the ability to independently prescribe and administer prescription drugs. Include information on the nature of practice, approximate number of prescriptions reviewed or supervised, any feedback that was given and implemented by the naturopath, and how reviews were conducted.

Based on my supervising, it is my professional opinion that the naturopathic doctor is safe to independently prescribe and administer prescription drugs within the scope of their practice and in compliance with State and Federal Laws.

**I hereby certify that all information I have provided herein and in attached narrative is true and accurate:**

\_\_\_\_\_  
Signature of Supervising Physician

\_\_\_\_\_  
Date