

**North Dakota Board of Medicine
NATUROPATHIC DOCTOR
SUPERVISING PHYSICIAN REFERENCE FORM**

TO APPLICANT: The North Dakota Board of Medicine requests completion of the supervising physician form from your supervising physician(s) during the past three (3) years. These forms must be mailed from the supervising physician(s) **directly** to the **ND Board of Medicine at 4204 Boulder Ridge Rd, Ste 260; Bismarck, ND 58503-6162**. The form may also be faxed to 701-989-6392 but **MUST** be sent with a fax cover sheet that provides the Board with the required primary source verification. The form may also be emailed to briplinger@ndbom.org. In addition, the forms must meet the following criteria:

- a) Currently dated
- b) Contain an original signature
- c) Be completed in full

Please be sure to indicate the applicant's name below for identification purposes.

Name of Applicant: _____
(First Name) (MI – if known) (Last Name)

If the hospital/clinic or other facility requires a release (attached) to complete this information on your behalf, complete the Affidavit and submit it to the facility with this form.

Important: The processing time for licensure directly depends on timely receipt of critical forms such as this.

From: (name of hospital/facility) _____

Address	City	State	Zip
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Area Code/Phone Number	Email Address
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How long have you know the applicant? _____

In what capacity are you acquainted with him/her? _____

NOTE: If you answer "YES" to any of the following questions please give an explanation (circle answers).

1. Have you ever been aware of inadequate or poor practice by this naturopathic doctor or have you discussed concerns you had about his/her practice with other members of the medical staff? Yes No

2. Are you aware of any boundary or ethical issues that would affect this applicant's ability to safely practice as a naturopathic doctor? Yes No

3. Are you aware of any derogatory information about this naturopathic doctor with respect to his/her ability to practice? Yes No

NOTE: If you answer "NO" to questions 4 or 5, please provide an explanation.

4. Does this naturopathic doctor exhibit a high degree of ethical and moral standards in his/her practice? Yes No

5. Do you recommend this naturopathic doctor for a license in North Dakota? Yes No

COMMENTS: _____

Signature

Title

Name of Reference (Please Print)

Date

Email Address