

Primary Supervising Physician

I hereby inform the North Dakota Board of Medicine that I am the Primary Supervising Physician for the physician assistant who is submitting this application. Accordingly, I acknowledge that I understand the following:

Because I am the primary supervising physician, I will be held accountable to the Board of Medicine for the actions of the physician assistant. This accountability includes those circumstances in which the physician assistant is actually performing services for another supervising physician.

Dated this ____ day of _____, 20____

Primary Supervising Physician

Print Name