

NCMB Monitoring
Chaperone Acknowledgement Form



Licensee Name (please print full name and license type): _____

Name and Address of Employment/Practice: _____

Name of Chaperone (please print full name): _____

Job Title of Chaperone: _____

License # of Chaperone (if applicable): _____

NCMB Case # (if known): _____

Date of Consent Order: _____

I _____ (Chaperone's name) currently work with _____
(name of licensee) at _____ (name of employment/practice location) as
a _____ (enter job title). I will serve as a chaperone during the entirety of
the time that _____ (name of licensee) is providing medical care as outlined
in the Consent Order dated _____ (date of Consent Order). I attest that I have read a copy
of the Consent Order and that I have attended the Board-Approved chaperone training course.

*Please attach your chaperone training course certificate to this form and email them to: boardmonitoring@ncmedboard.org

Attestation

You are signing this Chaperone Acknowledgement and attesting that the information that has been supplied by you is accurate and correct, to the best of your knowledge.

Signature: _____ Date: _____