

NCMB Monitoring
Consent Order Acknowledgement Form



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

Name and Address of Employment/Practice: _____

Name of Staff Member (please print full name): _____

Job Title of Staff Member: _____

NCMB Case # (if known): _____

Date of Consent Order: _____

I _____ (staff member's name) currently work with _____
(name of licensee) at _____ (name of employment/practice location) as a
_____ (enter job title). I attest that I have read a copy of the Consent Order
dated _____ (date of Consent Order) in its entirety and have a copy of it available to me.

*Please email this completed form to: boardmonitoring@ncmedboard.org

Attestation

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

Signature: _____ Date: _____