



NCMB Monitoring  
Relief of Consent Order Request

Licensee Name (full name and license type): \_\_\_\_\_

License #: \_\_\_\_\_

NCMB Case # (if known): \_\_\_\_\_

Best Contact Phone # / Email Address: \_\_\_\_\_

Date of Consent Order: \_\_\_\_\_

Full Request or Partial Request: \_\_\_\_\_

If Partial Request, list paragraph(s) or condition(s) you are seeking relief or amendment:

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Reason or Explanation for Request:

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Please list any supporting documents\*:

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\*Please attach any supporting documents to this request and email them to: [boardmonitoring@ncmedboard.org](mailto:boardmonitoring@ncmedboard.org)

**Attestation**

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

Signature: \_\_\_\_\_