NCMB Monitoring

Relief of Consent Order Request



icensee Name (full name and license type):
icense #:
ICMB Case # (if known):
Best Contact Phone # / Email Address:
Date of Consent Order:
ull Request or Partial Request:
Partial Request, list paragraph(s) or condition(s) you are seeking relief or amendment:
Reason or Explanation for Request:
Please list any supporting documents*:
Please attach any supporting documents to this request and email them to: boardmonitoring@ncmedboard.org
Attestation
You are signing this Relief of Consent Order Request and attesting that the information that have een supplied by you is accurate and correct, to the best of your knowledge.
Signature: Date: