



New Mexico Medical Board
2055 South Pacheco Street, Bldg, 400
Santa Fe, NM 87505
(505) 476-7220 voice (505) 476-7233 fax

SUPERVISING PHYSICIAN (MD/DO) STATEMENT OF RESPONSIBILITY

THIS SECTION TO BE COMPLETE BY PHYSICIAN ASSISTANT

Name: _____
Last First

Home: _____
Number and Street

City State Zip Code

Office Telephone: _____ Home/Cell Telephone: _____

Fax Number: _____ Email Address: _____

Physician Assistant Signature: _____
NM PA License Number

THIS SECTION TO BE COMPLETED BY SUPERVISING PHYSICIAN (MD/DO)

Name: _____
Supervising Physician (MD/DO) (Print or Type) NM MD/DO License Number Field of Practice

Business Name: _____

Address

City State Zip/Postal Code

Business Telephone: () Fax Number: ()

Email Address _____

Supervision Beginning Date: _____ Supervision Ending Date: _____

I certify that I am the supervising physician (MD/DO) named in this document and assume full responsibility for the supervision of the physician assistant named above. I also acknowledge that I have read and understand the rules pertaining to the supervision of a physician assistant. I further acknowledge that in submitting these forms to the New Mexico Medical Board, I agree that supervision will be in accordance with the New Mexico Medical Practice Act and Rules.

Signature of Supervising Physician (MD/DO) Date

ADDITIONAL SUPERVISING PHYSICIANS (MD/DO) Please attach separate sheet if you are adding more than 6 Supervising Physicians.

Name NM MD/DO License Number Signature

Name NM MD/DO License Number Signature

Name NM MD/DO License Number Signature

Name NM MD/DO License Number Signature

Name NM MD/DO License Number Signature

Name NM MD/DO License Number Signature

REMOVAL OF SUPERVISING PHYSICIANS Please list all physicians (MD/DO) you are removing from your profile. Please attach separate sheet if you are removing more than 6 Supervisors.

Name NM MD/DO License Number

Name NM MD/DO License Number

Name NM MD/DO License Number

Name NM MD/DO License Number

Name NM MD/DO License Number

Name NM MD/DO License Number