

COLLABORATIVE RELATIONSHIP REPORTING FORM

Name of Licensed N.D. (Print legibly) _____

Date Initially Licensed: _____ License #: _____ Lic. Expiration Date: _____

Pursuant to Chapter 6 of the Board's rules, a licensed naturopathic doctor is required to enter into a professional relationship with a M.D. or D.O. during his/her first year of practice. It is advised that you carefully review the entire rule to insure your compliance. The rules may be accessed online at: www.maine.gov/professionallicensing.

Please complete the following: (All information must be legible. Continue on other side if necessary)

| Date(s) of Collaboration | Name of M.D. or D.O. Performing Prescriptive Review |
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I, the above name (M.D./D.O.), hereby confirm that I entered into a collaborative relationship and met with the Naturopathic Doctor as named above, for the purpose of reviewing the prescriptive practices of this Doctor.

Signature: _____ Date: _____
 (M.D./D.O.)

I, the above name (Naturopathic Doctor), hereby confirm that I officially entered into a collaborative relationship with the physician named herein on: _____.

Signature: _____ Date: _____
 (Naturopathic Doctor)

State of Maine
Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
Board of Complementary Health Care Providers
35 State House Station, Augusta, ME 04333
Tel: (207) 624-8689 Fax: (207) 624-8637 TTY users call Maine relay 711

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