Please have your supervisor/monitor fill in the spaces below and return to the Compliance Management Unit within seven (7) working days. Please send to the following address:

Case Number:_____

Medical Quality Assurance/Compliance Management Unit
4052 Bald Cypress Way, Bin C76
Tallahassee, Florida 32399-3251
(850) 245-4268

Respondent/Probationer Information		
Name:		
Practice Address:		
City:	State:	Zip:
Business Telephone: ( )	Business FAX: ( )	

Supervisor/Monitor Information		
Name:		
Practice Address:		
City:	State:	Zip:
Telephone: ( )	Fax: ( )	
Email address:		
Office Manager or Contact Person (other than supervisor):		

Supervisory/Monitoring Agreement

I have read the probationer's/respondent's Final Order and understand my supervisory responsibilities: _____ Yes _____ No

I have attached a copy of my current curriculum vitae: _____ Yes _____ No
(Chiropractic physicians, podiatrists, and optometrists currently on the list of board approved monitors do not need to attach a CV)

_____ _____
Signature Date