

Completed forms may be faxed to (850) 922-8876 or mailed directly to:

**Medical Physicists**

4052 Bald Cypress Way, Bin C-07

Tallahassee, FL 32399-3257



**Medical Physicists-In-Training Supervision Form**

This form must be completed by the individual who will be supervising the physicist-in-training. Each supervising Florida medical physicist must complete a separate form.

**Important Information:** The supervisor must hold a Florida medical physicist license in the appropriate specialty to supervise the applicant for licensure.

**Applicant for Physicist-In-Training:** \_\_\_\_\_  
Last/Surname First Middle

**Supervisor:** \_\_\_\_\_  
Last/Surname First Middle

**Mailing Address:**

\_\_\_\_\_  
Street/P.O. Box Apt. No. City

\_\_\_\_\_  
State Zip License Number

**Primary Practice Location:**

\_\_\_\_\_  
Street Apt. No. City

\_\_\_\_\_  
State Zip Business Telephone (Input with dashes)

I hold a Florida medical physicist license in the appropriate specialty, agree to provide supervision for a period of one year to this applicant, to be a responsible medical physicist for all medical physicist activities performed by this applicant under my supervision and to sign all reports by the physicist-in-training.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_