

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 Signature _____ Date _____
MM/DD/YYYY