



***Licensee Acknowledgement of the Use of a Medical Chaperone***

As directed in my Board Order or Consent Agreement, I, **name of licensee**, acknowledge I have read and understand the Guidelines for Use of a Medical Chaperone.

I have provided a copy of my Board Order or Consent Agreement to **name of chaperone** and explained to them the nature of my involvement with the Board.

I understand that at any time, a Compliance Staff member could be in contact with **name of chaperone** to verify my compliance with the terms of my Board Order or Consent Agreement as it relates to my use of a Medical Chaperone as required.

In the event **name of chaperone** can no longer serve in this capacity, I agree to immediately provide written notice to the Board that I will be electing another person to serve in this role.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Information (Email and Phone Number)