

MARYLAND BOARD OF PHYSICIANS
P.O. BOX 2571
BALTIMORE, MD 21215
www.mbp.state.md.us

DESIGNATED ALTERNATE SUPERVISING PHYSICIAN FOR ATHLETIC TRAINERS

Instructions and Important Information

The supervising physician (SP) may designate more than one alternate supervising physician to supervise the athletic trainer in his/her absence. The designated alternate supervising physician (ASP) must supervise the athletic trainer (AT) in accordance with the Evaluation and Treatment Protocol on file with the Board.

Instructions: Primary supervising physicians who designate alternate supervising physicians, please:

1. Type or print the name of all designated ASPs and have the ASP sign in the appropriate place. The ASP's signature indicates that the ASP is accepting the responsibility of supervising the athletic trainer in the absence of the SP.
2. Type or print the name of the AT;
3. Sign the SP affirmation.

If the SP chooses to designate more than four alternate supervising physicians, please make as many copies of this form as necessary.

1. ALTERNATE SUPERVISING PHYSICIAN AFFIRMATION:

I accept the responsibility of supervising the listed athletic trainer, in accordance with the approved Evaluation and Treatment Protocol, in the absence of the listed supervising physician. I solemnly affirm under penalties of perjury, that the contents of the foregoing document are true to the best of my knowledge, information and belief.

Name of Alternate Supervising Physician (ASP)	ASP License Number	ASP Original Signature

2. ATHLETIC TRAINER:

Name/License Number of Athletic Trainer:	Signature of Athletic Trainer:
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3. SUPERVISING PHYSICIAN AFFIRMATION:

I certify that I have designated the above named alternate supervising physicians and they accept the responsibility of supervising the athletic trainer named above in my absence and in accordance with the evaluation and treatment protocol on file with the Maryland Board of Physicians.

Supervising Physician's Name (Print Legibly)

License Number

Supervising Physician's **Original** Signature

Date