**CHDP Supervisory Physician/Allied Health Examiner Agreement**

This agreement recognizes the supervisory relationship between

__________________________________________________________MD/DO and

____________________________________________PNP/FNP/PA CHDP Examiner.

This agreement includes the following guidelines:

1. The CHDP Allied Health Examiner has been approved by the CHDP Administrative Office to perform CHDP health assessments.
2. The CHDP Allied Health Examiner has signed the CHDP Examiner Agreement.
3. The CHDP Allied Health Examiner will work under the supervision of a physician who is an approved CHDP Examiner.
4. The supervising physician will be available for consultation at all times, in person or by telephone.
5. Standard protocols/procedures for the CHDP Allied Health Examiner will be available in the Provider’s office for review by the local CHDP Program office.

Signatures:

Supervising Physician

__________________________________________________________Date

Pediatric Nurse Practitioner/Family Nurse Practitioner/Physician Assistant

__________________________________________________________Date