



Attached is the ND Supervising Physician agreement that we have available as a sample document for our NDs if they don't have an MD/DO supervisor for prescriptions and want to obtain one in order to administer the COVID-19 vaccine.

This agreement is drafted specifically to allow NDs in CA to request a supervising physician for the duration of the emergency in order to permit the ND to administer the vaccine.



Supervision Agreement Between Naturopathic Doctor And Supervising Physician for COVID-19 Vaccine Administration

This Supervision Agreement (“Agreement”) is entered into on the effective date of _____, 2021 between _____ MD/DO (“Supervising Physician”) [*the physicians whose signatures appear below, each of which shall be referred to herein as “Supervising Physician”*], and _____, N.D. (“ND”), in order to allow the ND to administer the COVID-19 Vaccination.

Purpose.

The sole purpose of this Agreement is to comply with the requirements of Business & Profession Code Sections 3640.5 and 2836.1, hereinafter referred to as the "ND Furnishing Or Ordering Drug Statutes." This Agreement allows ND to furnish or order drugs in accordance with standardized procedures or protocols developed collaboratively by ND and Supervising Physician. Drugs include any substance that requires a prescription from a Physician in the state of California. **This Agreement is specifically intended to allow the ND to administer the COVID-19 Vaccine for the duration of the COVID-19 emergency.**

1. Qualifications.

ND is licensed by the California Bureau of Naturopathic Medicine. Supervising Physician is licensed by the Medical Board of California or the Osteopathic Medical Board of California and is qualified to act as a supervising physician. ND and Supervising Physician are familiar with the requirements governing the ordering or furnishing of drugs by NDs, and the supervision of NDs by supervising physicians.

2. Drug Orders.

- a) ND may administer the COVID-19 Vaccine to a patient, subject to the conditions and limitations as set forth in Sections 2836.1 and 3640.5 of the Business and Professions Code, this Agreement, or the specific instructions of Supervising Physician.
- b) The ND agrees that if s/he needs to consult with the Supervising Physician for any reason, the ND will not administer the COVID-19 Vaccine until the consultation between the supervising Physician and ND has taken place.
- c) The ND shall retain documentation of each vaccine administration by the ND under this Agreement and document such into the medical records of the patient if applicable.

3. Supervising Physician Responsibilities.

- a) Supervising Physician shall remain electronically available at all times while ND is performing medical services, unless another approved supervising physician who has signed an Agreement to Supervise for ND is so available. Supervising Physician does not need to be present at the facility where the supervised ND will be administering the vaccine.
- b) If the Supervising Physician is unavailable for a period of time, s/he may name an alternate Supervising Physician who will be covered under this Agreement and may provide medical supervision for ND.



4. No Third Party Beneficiaries.

This Agreement shall not be construed as creating rights in or obligations to any third party. It is the intent of the parties solely to fulfill the requirements of Business & Profession Code Sections 3640.5 and 2836.1, hereinafter referred to as the "ND Furnishing Or Ordering Drug Statutes" and for the mechanisms to be used by Supervising Physician in supervising ND.

5. Term Of Agreement.

This agreement shall be in effect beginning on the Effective Date and lasting for the duration of the COVID-19 Emergency. Either party may elect to cancel this agreement on an earlier date certain, by providing the other party notice of such election to cancel, in writing, received by the other party not less than days before the effective date of cancellation. Cancellation of the agreement is effective as of the date specified in the notice of cancellation.

Dr. _____ MD / DO Licensed California Supervising Physician

Dated: _____, 2021

Dr. _____ ND Licensed Naturopathic Doctor, License # ND _____

Dated: _____, 2021

ADDITIONAL SUPERVISING PHYSICIANS:

Dr. _____ MD / DO Licensed California Supervising Physician

Dated:

Dr. _____ MD / DO Licensed California Supervising Physician

Dated: