



**NON-PHYSICIAN PROVIDER AGREEMENT**  
**TO STANDARDIZED PROCEDURES AND PROTOCOLS**

I, \_\_\_\_\_, have reviewed and agreed to comply with the non-physician provider procedures and protocols of

\_\_\_\_\_.

\_\_\_\_\_  
**Signature of Non-Physician Provider**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Supervising Physician**

\_\_\_\_\_  
**Signature of Supervising Physician**

\_\_\_\_\_  
**Date**