SECTION C: ADMINISTRATIVE ACCOUNT

Last Name: (25)

(Last name of individual responsible for maintaining Employee accounts)

First Name: (15)

E-Mail Address: (34)

(Example: johndoe@abcd.net)

Telephone Number: (14)

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Telephone Extension: (6)

Personal Data: (20)

(Personal data must be unique for each account, example: Mother's maiden name, Pet's name, etc.)

I hereby authorize the employees of this organization to gather the requested information by this organization from the Arkansas State Medical Board. I understand that I am responsible for the protection of the user name and password to be issued by the Medical Board. This authorization is effective as of the signature date below and shall remain in effect until specifically revoked by me in writing.

Signature (in ink) of Administrative Agent: _____

Signature Date: (10)