

**State of Arizona Naturopathic Physicians Medical Board**

1400 W Washington, Ste. 300 Phoenix, AZ 85007 Phone 602 -542-8242 Fax 602-542-8804 Email [Info@aznd.gov](mailto:Info@aznd.gov)

Website [www.aznd.gov](http://www.aznd.gov)

**LICENSE RENEWAL APPLICATION** Renewal FORMS are also available on our website.

**IMPORTANT NOTICE\*\* ON LINE RENEWAL IS NOT CURRENTLY AVAILABLE**

**YOU MUST ALLOW AT LEAST 30 DAYS FOR THE RENEWAL PROCESS** Please keep this in mind if you are required to have a copy of your renewed license for insurance or supplement purchases by January 2010. Non legible, incomplete forms and forms received without the required fee will be considered incomplete and cause a delay in the processing

**Primary Location Renewal fee \$260.00 Any Additional Locations: \$20.00 fee for each location**

Per A.R.S. 32-1508. A person who holds a license or certificate pursuant to this chapter **shall display that document in a conspicuous place that is accessible to view by the public.** A person who practices, conducts affairs or is employed **at more than one location** and who maintains a continuing activity as authorized by the license or certificate, **shall display a duplicate of that document** issued by the board at each location.

**To avoid a late fee of \$165.00 the application and payment must be postmarked by December 31, 2009.**

**If you failed to renew your license within 60 days after the due date, your license will automatically expire due to non-renewal.**

**WALLET CARDS ARE AVAILABLE FOR AN ADDITIONAL FEE OF \$20.00 EACH I am requesting \_\_\_\_\_ wallet card(s)**

Physician's Name: \_\_\_\_\_

Physician's Arizona Naturopathic Medical License Number: \_\_\_\_\_ - \_\_\_\_\_ Date of Issuance: \_\_\_\_/\_\_\_\_/\_\_\_\_

SS NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS, If applicable: \_\_\_\_\_

IN AN **EFFORT** TO KEEP BOARD COSTS AT A MINIMUM AND LICENSING FEES FROM INCREASING IN THE FUTURE, THE BOARD WILL BE **EMAILING** APPROPRIATE BOARD CORRESPONDENCE TO OUR LICENSEES. **MAKE SURE THE BOARD HAS YOUR CURRENT EMAIL ADDRESS.**

**Primary** Practice Name and Full address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Ste. # \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_

(Zip) \_\_\_\_\_ (Phone Number ) \_\_\_\_\_ (FAX Number) \_\_\_\_\_

**List ALL Additional Practice Location(s):** If more than 1 additional location, please attach a list with the required information of each location. (\$20.00 fee for each additional license, this includes not for profit locations as well.)

**Secondary** Practice Name and Full address: \_\_\_\_\_

\_\_\_\_\_ Ste. # \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_

(Zip) \_\_\_\_\_ (Phone Number ) \_\_\_\_\_ (FAX Number) \_\_\_\_\_

**Physician's Home address:** \_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_

**You are required to answer each of the following questions. Since you last renewed your license**

1. Were you arrested, charged with, convicted of, or enter into a plea of no contest to any criminal act?      \_\_\_ Yes      \_\_\_ No
2. Did any licensing agency or board, other than the State of Arizona Naturopathic Physicians Medical Board, initiate or take any action against any license or certificate that is or was held by you?      \_\_\_ Yes      \_\_\_ No
3. In lieu of disciplinary action, did you enter into a consent agreement of stipulation with an agency?      \_\_\_ Yes      \_\_\_ No
4. Were you named in any malpractice suit?      \_\_\_ Yes      \_\_\_ No
5. Do you have a complaint pending before any agency?      \_\_\_ Yes      \_\_\_ No

If you answered YES to any of the above questions (1- 5), you are required to provide full information to the Naturopathic Physicians Medical Board by submitting a **written statement regarding the matter.**

**Citizen Status Declaration:** Are you a United States Citizen? Yes \_\_\_ No \_\_\_

*If you answered NO to this question then complete the question below*

**Alien Status Declaration:** Are you a legal resident authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, provide the Board with current proof of status.*

**CME Requirements:** Continuing Medical Education consisting of thirty (30) credit hours of approved CME education activities. Ten (10) credit hours shall be in pharmacology as it relates to the diagnosis, treatment or prevention of disease. CME **hours will only be accepted if they fall under the guidelines as outlined in R4-18-205 [You may access the guidelines on our website [www.aznd.gov](http://www.aznd.gov) under Rules].** The Licensee shall provide to the Board proof (verified under oath by licensee) of continuing medical education when requested by the Board. (DO NOT send CME proof along with your renewal form, UNLESS YOU ARE BEING AUDITED. AUDIT NOTIFICATION WILL BE MAILED OR EMAILED TO YOU IN THE FORM OF A LETTER FROM THE BOARD. The requirements of CME described shall not apply to a licensee if the year of graduation *is the same* as the initial year of licensing. **SIGNATURE REQUIRED BY ONE OF THE FOLLOWING STATEMENTS THAT APPLIES TO YOU.**

I GRADUATED and my initial license was ISSUED by the Board in 2009. I am not required to comply with the continuing medical education requirements until 2010 (**This only applies to students who have recently graduated, doctors who are newly licensed by endorsement from another state will still be required to comply with the CME requirements.**

Signature: \_\_\_\_\_

I verify under oath that in 2009, I have or will complete not less then thirty (30) hours of continuing medical education, that I have, or will have in my possession the necessary documents to prove that I am in compliance with the continuing education rule R4-18-205; and that I will maintain the documents in my possession for three years.

Signature: \_\_\_\_\_

As of January 1, 2010, I am requesting retirement of my license in the State of Arizona to practice naturopathic medicine. I understand that in requesting retirement of my license and per A.R.S. 32-1528 If a retired physician engages in the practice of naturopathic medicine, the physician is subject to the same penalties that are imposed under this chapter on a person who practices naturopathic medicine without a license or without being exempt from licensure. No Licensure fee or CME is due.

Signature: \_\_\_\_\_

**(REQUIRED)** You are required to attest to this annual renewal application.

I, the undersigned, do hereby attest that I am the physician named in this renewal; that all answers, statements, and additional documentation provided for in this Annual Renewal of Licensure are true and correct, and that I am not omitting any information which may be of value to the Arizona Naturopathic Physicians Medical Board in considering this application for annual renewal of license to practice Naturopathic Medicine in Arizona.

**Date:** \_\_\_ / \_\_\_ / \_\_\_      **Signature:** \_\_\_\_\_

## Licensure Renewal Check Sheet

You must allow **at least** 30 days for processing of your renewal. If you wait until the end of December to renew your license, it will not be processed until 2010. **Licensure renewals are processed in the order they are received.** Incomplete or non legible forms will be returned to the applicant and will cause a delay in the processing. Renewal Forms and Payment **MUST BE RECEIVED TOGETHER. RENEWAL FORMS RECEIVED WITHOUT PAYMENT WILL BE CONSIDERED INCOMPLETE.**

### DID YOU:

1. \_\_\_\_\_ Complete the renewal form, making sure **all** required information is provided in legible format, and signature is provided in **all** areas that require signature. Submitting an application that is not complete, or not legible, will cause delays in the renewal process
2. \_\_\_\_\_ I have included all applicable fees: 1 check is acceptable for all fees  
\_\_\_\_\_ \$260.00 Primary Location Renewal fee  
\_\_\_\_\_ \$20.00 fee for each additional locations  
\_\_\_\_\_ \$20.00 fee any duplicate certificate(s) to dispense.  
\_\_\_\_\_ \$20.00 fee each wallet card I have requested \_\_\_\_\_ wallet card  
(*Not- for profit locations still require a fee for licensure.*)
3. \_\_\_\_\_ **IF POST MARKED AFTER December 31, 2009. You must include a late fee of \$165.00. If you do not renew your license within 60 days of the expiration date, your license will automatically expire.**
4. \_\_\_\_\_ List ALL additional locations and include \$20.00 for *each* additional location. *Please remember, if you are requesting a license for a new location, and you need a certificate to dispense for that location as well, include a request for the certificate and an additional fee of \$20.00 for the certificate.*
5. \_\_\_\_\_ **IF YOU ARE BEING AUDITED.** A letter would have been included with your renewal form, mailed, or emailed to you separately. You will need to provide proof of 30 hours of CME FOR THE LAST THREE YEARS. It is the responsibility of the physician to make sure the CME you provide the Board, falls under the acceptable guidelines. If you are unsure what will be accepted by the Board for CME, visit our website [www.aznd.gov](http://www.aznd.gov) under rules. Failure to provide the required proof of CME may be considered unprofessional conduct.

**PERSONAL CHECKS OR MONEY ORDERS ARE THE ONLY FORMS OF PAYMENT ACCEPTED BY THE BOARD AT THIS TIME. DO NOT SEND CASH OR PROVIDE YOUR CREDIT CARD NUMBER AS THESE FORMS OF PAYMENT WILL NOT BE ACCEPTED.**

**Make checks payable to:** The Arizona Naturopathic Physicians Medical Board

**Mailing address:** 1400 W Washington, Ste. 230  
Phoenix, AZ 85007