



ANNUAL RENEWAL CERTIFICATE TO DISPENSE

Fee For Renewal: \$150.00

Fee for Each Additional Site: \$20.00

Late fee: \$75.00: If application is postmarked after July 1, 2009 (Late fee cannot be waived)

Make Check Payable to: State of Arizona Naturopathic Medical Board

Mail to: 1400 W. Washington, Ste 230 ♦ Phoenix AZ 85007

If you are renewing a Certificate to Dispense at a not-for-profit organization/Public Health Facility, the fee of \$150.00 is waived, however you are still required to submit a complete renewal form..

ANY PHYSICIAN WHO SELLS NUTRITIONAL SUPPLEMENTS, HOMEOPATHIC MEDICATION, BOTANICAL MEDICATION, NON-PRESCRIPTION OR PRESCRIPTION-ONLY MEDICATION OR CONTROLLED SUBSTANCE TO A PATIENT IS REQUIRED BY LAW TO OBTAIN A CERTIFICATE TO DISPENSE FROM THIS BOARD.

1. Primary Practice Location: Renewal fee of \$150.00

(If more than one office location, **attach a list** providing the same information requested below and a payment of **\$20.00** for a duplicate Certificate to Dispense for **each** office location.)

A. Physician Name: _____

B. Street Address: _____ Suite #: _____

C. City: _____ State: _____ Zip: _____

D Telephone: (____) _____ Alt. Phone Number (____) _____

E. Email Address: _____

F. I am renewing a Certificate to Dispense at a **not-for-profit organization**. YES [] NO []

2. Have you been issued a DEA Number by the United States Drug Enforcement Administration to dispense controlled substances? NO [] YES [] DEA Number : _____:

3. Social Security Number: _____ (required) Certificate to Dispense # ___ - _____

4. Has any complaint or action been taken against you by any court or by any Federal or state agency for the dispensing of any device, substance or drug? YES [] NO []

If YES, on a separate sheet of paper attach to this application the following:

For each complaint filed, list the name and address of the court, federal or the state agency in which the complaint was filed. Include Official Documentation of any action taken by the court, federal or the state agency. Include a complete explanation of events along with patient records.

5. I hereby attest to the Board that I am the physician named on this renewal form; the answers provided by me and any statement submitted with the renewal form is true and correct.

Physician Signature

Date