Naturopathic Physicians Medical Board

Application for REGISTRATION - Medical Practitioner and Access to the Arizona Controlled Substances Prescription Monitoring Program

FOR OFFICE USE ONLY

PRINT CLEARLY USING CAPITAL LETTERS

License Type ☐ MD ☐ MD(H) ☐ DO ☐ DO(H) ☐ DDS ☐ DMD ☐ DPM ☐ PA ☐ NP ☐ ND ☐ OD

State Licence Number

Expiration Date / /

***DEA Number** -

MEDICAL RESIDENTS - Add the suffix assigned to the Facility DEA# above

Expiration Date of DEA / /

MEDICAL RESIDENTS:

Assigned Resident License #

Expiration Date of Resident License # / /

NPI Number

SECURITY QUESTIONS:

Mother's Maiden Name

Your birth City:

1. DEMOGRAPHICS

Legal First Name

Middle Name

Legal Last Name

Last 4 Digits of SSN

Date of Birth / /

2. PRACTICE ADDRESS

Street Address Line 1

Street Address Line 2

City

State Zip Code County

Work Phone - - Fax - -

3. Complete If Mailing Address is NOT the same as PRACTICE ADDRESS

Street Address Line 1

Street Address Line 2

City

State Zip Code County

4. Medical Practitioner's - Work or Personal E-mail Address

***If a Medical Practitioner has multiple DEA numbers, you MUST complete one form for each DEA number**