



## Arizona Board of Osteopathic Examiners In Medicine and Surgery

1740 W. Adams Street, Suite 2410, Phoenix, Arizona, 85007

Ph : 480-657-7703 | Fx: 480-657-7715 | www.azdo.gov | questions@azdo.gov

---

### 90-DAY LOCUM TENENS REGISTRATION APPLICATION INSTRUCTIONS

Fee: \$300.00

Thank you for your interest in obtaining a Locum Tenens (LT) Osteopathic Registration in the State of Arizona.

LT Application packets with original notarized signatures must be mailed or delivered to the Board office.  
Scanned or faxed applications are not acceptable.

The following information and documents are required to complete your application. Should you have questions, please contact the Licensing Division at 602-771-2525.

#### A. Before you send your application packet, please make certain it contains the following:

1. **Completed Locum Tenens Registration Application:** Application form with all sections completed, picture attached and signed before a notary. The notarization is a *Jurat* and Arizona law requires a document with this type of notarization have NO blank spaces on any page of the document. With a *Jurat*, you are not only having your signature notarized, you are also being placed under oath by the notary and affirming that everything in the application packet is true and correct. If a section or field does not apply to you, write n/a. Do not leave any blank spaces.
2. **\$300 application fee:** We accept Visa, MasterCard and American Express as well as check or money order. If paying by credit card, please use the form provided at the end of the application packet. If paying with check or money order, please make payable to the Arizona Board of Osteopathic Examiners.
3. **Picture ID:** Copy of an unexpired government issued picture identification (e.g., driver's license or passport) showing same name used on the application.
4. **Change of name documentation:** If you have ever used another name than you are using now, or if your birth certificate or other supporting documents show a name different in any way from your application or current ID, copies of legal documentation proving legal change of name is required. This may include the last page of a divorce decree, legal court documents or marriage license.
5. **Citizenship Status Form and ID:** The completed two page Citizenship Status Form, signed and dated and a copy of acceptable documentation demonstrating your citizenship, alien status, legal residency or lawful presence in the United States (A.R.S. § 41-1080) must accompany your application. See Evidence of U.S. Citizenship, U.S. National Status or Alien Status page in this packet for types of acceptable documentation.
6. **Written request from sponsoring physician:** Written request from a doctor of osteopathic medicine (D.O.) or doctor of medicine (M.D.) licensed in Arizona for whom you are substituting or assisting. The request *must* include:
  - a) name of locum tenens applicant;
  - b) whether request is to substitute for or assist the sponsoring physician;
  - c) exact starting date registration is needed (good for 90 days after starting date);
  - d) name of sponsoring physician and Arizona license number;
  - e) sponsoring physician contact information; and
  - f) original signature of sponsoring physician (no stamp signatures) and date.
7. **Proof that you passed the COMLEX or USMLE examination:** We can accept the following:
  - a copy of your Level III Score Report showing a passing score;
  - a copy of your NBOME Diplomate certificate;
  - a copy of your official COMLEX or USMLE transcript showing a Level III passing score or
  - an official transcript of your COMLEX or USMLE scores showing a Level III passing score.

8. **Copy of your osteopathic diploma** or transcript from an approved College of Osteopathic Medicine (COM) showing the date of your graduation.
9. **Copy of internship or residency certificate** or official letter showing completion of an internship or first year of residency. Certificates or letters showing an expected completion date or a completion date after the date of the letter are not acceptable.
10. **Professional Conduct History "YES" Answers:** If you answered *Yes* to any question in Section 8 (Professional Conduct History) or Section 9 (Professional Conduct History-Confidential Questionnaire), you must provide a written explanation on a separate blank sheet of paper and include it and any documents that confirm your explanation.
11. **Medical Malpractice:** If you have had a malpractice suit that resulted in an award or settlement to the plaintiff, or you have been notified that a suit or settlement is pending and/or was investigated by another state licensing board, you must complete the Malpractice Claim/Suit Questionnaire for each instance and attach supporting documents and include these with your application packet.

**B. It is your responsibility to make certain the following Verifications are sent directly to the Board. Verifications received from the applicant cannot be considered valid.**

1. **Verification of Graduation from COM:** Submit Form 1: Professional Education Verification to the Osteopathic College from which you graduated. Your registrar's office will fill it out and send it directly to this agency. It may be sent by fax (with coversheet), email, mail or delivery service.
2. **Verification of Postgraduate Training:** Submit Form 2: Postgraduate Training Verification to the program director of each postgraduate training (PGT) program in which you participated, regardless of completion. The program director will fill it out and send it directly to this agency. It may be sent by fax (with coversheet), email, mail or delivery service.
3. **Verification of Licensure and Disciplinary History:** Verification of licensure and disciplinary history from each state in which you are or have been licensed *regardless of status* is required. If no actions have been taken against your license(s), the verifications must state this. Contact each state Board for its requirements. Boards may require payment of a fee for this service. If a state is contracted with VeriDoc, we accept this verification. Online physician profiles do not meet official verification requirements and are not accepted.
4. **Verification of Practice Experience:** Verification of the last seven (7) years of practice experience is required. Please send Form No. 3: Practice Experience Verification to the appropriate entities to obtain the verification and have the completed form(s) sent directly to the Board in order to maintain the integrity of the verification. We accept verifications by fax, email or mail from the verifying entities only.

**C. Fingerprint Packet – You will be sent a fingerprint packet after your application has been received by the Board.**

1. **Fingerprinting:** Effective September 1, 2017, all locum tenens registration applicants are required to undergo fingerprinting per A.R.S. § 32-1822(A)(9).

All locum tenens registration applicants will receive a packet from the Board that will detail the steps the applicant must take to comply with the fingerprint process. Please note that the fingerprint card is specific and pre-printed for this Board; therefore, the applicant must use the fingerprint card provided by the Board or fingerprint card FD-258 to include the same pre-printed information within each blue box.

The fingerprint technician is required to fill out and date the identity verification form, place the identity verification form and the completed fingerprint card into the envelope, and seal the envelope closed. Once the envelope is sealed, the technician will return the envelope to the applicant. The applicant must mail or deliver the sealed envelope to the Board office.

Failure to return the sealed envelope with the fingerprint card and identity verification form enclosed will result in a delay in processing your application. If you have further questions, please review the Fingerprinting FAQ on the website.

After you have submitted all documentation and all verifications have been received, your application will be considered administratively complete and forwarded to the executive director for approval.

Upon approval, the registration will be mailed to the sponsoring physician. You will also receive a letter stating that the Locum Tenens Registration has been issued.

The sponsoring physician who submitted the original request may extend a Locum Tenens Registration for an additional ninety (90) days upon written request. The request must meet the same criteria as listed above and must state the reason an extension is necessary. An additional fee of \$300 must accompany the request.

Please contact us with any questions at 602-771-2525 or email [questions@azdo.gov](mailto:questions@azdo.gov).