

(For Board Use Only- Do Not Write Above This Line)

**ARIZONA BOARD OF OSTEOPATHIC EXAMINERS  
IN MEDICINE AND SURGERY**  
9535 East Doubletree Ranch Road | Scottsdale AZ 85258-5572  
PH: 480-657-7703 | FX: 480-657-7715  
www.azdo.gov | questions@azdo.gov

FOR BOARD USE ONLY

**AZ OSTEOPATHIC POST GRADUATE TRAINING PERMIT APPLICATION  
(Internship-Residency-Fellowship)**

**FOR NEW, RENEWAL and ROTATION TRAINEES**

**Fee: \$50.00 per Permit**

Arizona Revised Statutes §32-1829 provides exemption from licensure of a person while participating in an approved hospital training program, provided (s)he complies with the applicable registration requirements of the chapter. The individual must register with the Board for each year of training and pay the **\$50.00 registration fee**. The following information must be completed by the applicant and the licensed hospital which sponsors the accredited training program and submitted to the Board’s office at least thirty (30) days prior to the beginning date of the requested registration.

**INSTRUCTIONS:**

**NOTE: Postgraduate Training Registration only allows an individual to function in an approved postgraduate training program. The practice of medicine outside such a setting, i.e. insurance physicals, signing documents with a “D.O.” designation, etc., is a violation of law and may result in formal disciplinary action, the denial of license, or both.**

New Applicants: Complete all of Section 1: A–D (pgs 1-3) and the Statement of Citizenship form (pgs 6 & 7). Return entire form to the program to which you are applying. They will complete Section II and submit to the Board.

Renewal Applicants: Complete Sections 1A (pg 1, Identification and Contact Information), and Section 1E (pg 3, Professional Conduct History), and return to your Program Director. Information in Section II is already on file with the Board. Your Program Director will complete the renewal of your permit.

Rotation Applicants: Trainees doing a rotation in Arizona from an out-of-state accredited program, complete all of Section 1: A–E (pgs 1-3) and the Statement of Citizenship form (pgs 6 & 7). Your program director completes Section IIA. The in-state hospital/program at which you are doing your AZ rotation completes section IIB.

**SECTION I: TO BE COMPLETED BY APPLICANTS**

**A. IDENTIFICATION, CONTACT and AZ PGT INFORMATION (All applicants complete this section):**

Applicant Name (Last, First, Middle): \_\_\_\_\_

Other names used: \_\_\_\_\_

*Attach copies of all legal documentation showing name changes (i.e marriage certificate, divorce decree).*

Date of Birth (Required): \_\_\_\_\_ SSN (Required): \_\_\_\_\_

Residential address while in Arizona: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (required): \_\_\_\_\_

Name of Program you are applying to: \_\_\_\_\_

Primary Field: \_\_\_\_\_ This is an: Internship \_\_\_\_\_ Residency \_\_\_\_\_ Fellowship \_\_\_\_\_

Expected Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_. (one year maximum)

Applicant Name: \_\_\_\_\_

**B. EDUCATION HISTORY (new and rotation applicants complete this section):**

(1) Medical School from which you graduated:

School Name: \_\_\_\_\_

Graduation Date: (MM/DD/YYYY) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(2) States where you are or have been licensed. Do not include states where you have/had a PGT permit or limited/temporary license:

Name of State	License Number	Issued Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)	Status

**C. POST GRADUATE TRAINING HISTORY (new and rotation applicants complete this section):**

In the box below, please list the internship and residency program(s) you have already completed (if any).

1.	Program Name:	Complete Address:	
	Specialty Area:	Start Date: (mm/dd/yyyy)	End Date: (mm/dd/yyyy)

2.	Program Name:	Complete Address:	
	Specialty Area:	Start Date: (mm/dd/yyyy)	End Date: (mm/dd/yyyy)

3.	Program Name:	Complete Address:	
	Specialty Area:	Start Date: (mm/dd/yyyy)	End Date: (mm/dd/yyyy)



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Applicant Full Name: \_\_\_\_\_

Name of Program Applying For: \_\_\_\_\_

**E. PROFESSIONAL CONDUCT HISTORY (all applicants complete this section)**

<i>If you answer "yes" to any of the following questions, please attach an explanation of the situation on a separate sheet. As appropriate, attach copies of documents from hospitals, programs, State Boards, courts, and law enforcement agencies confirming your explanation.</i>	YES	NO
1. Have you ever been diagnosed with or developed initial or worsening symptoms of a physical, mental, or emotional condition which did or may impair or limit your ability to safely practice medicine?		
2. Have you been convicted of, pled guilty or no contest to any felony or to a misdemeanor involving moral turpitude; OR are you under investigation for, been arrested for, or charged with any felony or any misdemeanor that may affect patient safety, even if the case has not yet been adjudicated?		
3. Have you had any disciplinary or adverse action imposed against any professional license, or were you denied a professional license, or have you entered into any consent agreement, stipulated order, or settlement with any regulatory board; OR have you have been notified of any complaints or investigations against your license that have not yet been resolved?		
4. Have you entered into a diversion program for evaluation, treatment, or monitoring for substance abuse or dependence, or for correction of communication or boundary issues, in lieu of or as a condition of resolving a matter before a health care facility, program, or regulatory board, criminal or civil court; OR have you been notified that such action is pending?		
5. Has your DEA permit or prescription permit issued by any regulatory board been denied, restricted, suspended, lost, or had any other adverse action taken against it, OR have you been notified of any complaints or investigations against your authority to prescribe that have not yet been resolved?		
6. Has any award, settlement, or payment of any kind been made by you or on your behalf to resolve a civil suit or malpractice claim involving your practice, even if it was not required to be reported to the National Practitioner Data Bank; OR have you been notified that any such suit or claim is pending? (Enclose a Malpractice Questionnaire form for each claim and send required documentation.)		
7. Have your hospital privileges or health care program affiliations been denied, restricted, lost, suspended, modified, or subjected to any other adverse or remedial action, even if that action was not required to be reported to the National Practitioner Data Bank; OR have you been notified of any complaints against or reviews of your privileges or affiliations that have not yet been resolved?		
8. During an internship, residency, or fellowship program were you placed on probation, had your privileges restricted or suspended, been terminated from the program or had any other adverse action taken against your participation, even if that action was not required to be reported to the National Practitioner Data Bank?		

*I declare and attest that I am the applicant and the person named in this application and in all materials submitted in support of this application; that all facts therein stated as well as any facts stated on any separate sheet attached hereto, are true, complete, and correct. I understand that any misrepresentation, including omission of information, may result in unprofessional conduct action against this permit or any subsequent application for licensure.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION II: TO BE COMPLETED BY PROGRAM DIRECTOR**

New Applicants: Section II-A must be completed by your program director.

Renewal Applicants: Do not complete this page. Information is already on file with the Board. Return pages 1 and 3 of this form to your Program Director for completion of your permit.

Rotation Applicants: If your program is based in another state and you are doing a rotation in Arizona, please have your program director fill out section II-A. Have the Arizona hospital/program at which you are doing your rotation fill out section II-B.

**INTERNSHIP-RESIDENCY-FELLOWSHIP PROGRAM CERTIFICATION**

**A. Full Name of Training Program:** \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_

Program Accredited by: AOA \_\_\_\_\_ ACGME \_\_\_\_\_ Dual \_\_\_\_\_ Program Name/#: \_\_\_\_\_

This is an: Internship \_\_\_\_\_ Residency \_\_\_\_\_ Fellowship \_\_\_\_\_

Primary Field: \_\_\_\_\_

This application for permit is for (dates): \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_. (one year max)

Please list the hospitals/facilities at which this intern or resident will be working in Arizona:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Name Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_ Title: \_\_\_\_\_

**B. Rotation Applicants Only: Have the Arizona hospital/program at which you are doing your rotation fill out this section.**

**ARIZONA CERTIFICATION FOR DOCTORS FROM OUT-OF-STATE PROGRAMS**

**TO BE COMPLETED BY ARIZONA HOSPITAL/PROGRAM PERSONNEL:**

Contact Name: \_\_\_\_\_

Name and Address of Hospital/Program: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Name Printed: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Rotation From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_



**SECTION III – ALIEN STATUS DECLARATION**

**Directions:** To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front and back (if any), of a document from List B or other document that evidences your status. A.R.S. §1-501.

Name of Document(s) provided: \_\_\_\_\_.

**“Qualified Alien” Status** (8 U.S.C. § 1621(a)(1), § 1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- 2. An alien who is granted asylum under § 208 of the INA.
- 3. A refugee admitted to the United States under § 207 of the INA.
- 4. An alien paroled into the United States for at least one year under § 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld § 243(h) of the INA.
- 6. An alien granted conditional entry under § 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban and Haitian entrant (as defined in § 501(e) of the Refugee Education Assistance Act of 1980).
- 8. An alien who is, or whose child or child’s parent is a “battered alien” or an alien subjected to extreme cruelty in the United States.

**Nonimmigrant Status** (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [(8 U.S.C. § 1101 *et seq.*] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. §1101(a)(15).

**Alien Paroled into the United States for Less Than One Year** (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled in the United States for less than one year under § 212(d)(5) of the INA

**Other Persons** (8 U.S.C. § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associates States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*]
- 13. A foreign national not physically present in the United States.

**Otherwise Lawfully Present** (A.R.S. § 1-501)

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

**PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. (See (8 U.S.C. § 1621(a)).**

**\*\*\*SECTION IV – DECLARATION\*\*\***

**SIGNATURE REQUIRED!**

**All applicants must complete this section and send with copies of citizenship documentation**

I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT’S SIGNATURE

\_\_\_\_\_  
TODAY’S DATE

**EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS**  
**LIST A: U.S. CITIZEN OR U.S. NATIONAL**

Note: In this List, the term "Service" refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR §104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344. (Nov. 17, 1997), Attachment 4]

**Evidence showing U.S. citizen or U.S. national status includes the following:**

**a. Primary Evidence**

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-561, Certificate of Citizenship;
- (6) Form 1-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form 1-179, last issued in February 1974);
- (7) Form 1-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (9) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997, Attachment 4)]

**b. Secondary Evidence**

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parent(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a State-or-jurisdiction-approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

### **c. Collective Naturalization**

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

#### **Puerto Rico:**

- Evidence birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941 ; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

#### **U.S. Virgin Islands:**

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on or after June 28, 1932.

#### **Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPT)):**

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen.

### **d. Derivative Citizenship**

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make a determination of derivative U.S. citizenship:

**Applicant born abroad to two U.S. citizen parents:** Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

**Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent:** Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. Citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth.

**Applicant born out of wedlock abroad to a U.S. citizen mother:** Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the: U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

#### **Applicant born in the Canal Zone or the Republic of Panama:**

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth.
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.  
In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above category, but is unable to present the listed documentation:
- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

### **e. Adoption of Foreign-Born Child by U.S. Citizen**

- If the birth certificate shows a foreign and the applicant cannot be determined to be a naturalized citizen under any of the above evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

### **f. U.S. Citizenship by Marriage**

- A woman acquired marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband and evidence showing the marriage occurred before September 22, 1922.  
Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

**LIST B: QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED  
INTO U.S. FOR LESS THAN ONE YEAR**

The documents listed below that are registration documents are indicated with an asterisk ("\*").

**a. "Qualified Aliens"**

Evidence of "Qualified Alien" status includes the following:

***Alien Lawfully Admitted for Permanent Residence***

- \*Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on \*I Form I-94.

***Asylee***

- \* Form I-94 annotated with stamp showing grant of asylum under §208 of the INA;
- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- \* Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

***Refugee***

- \* Form I-94 annotated with stamp showing admission under §207 of the INA;
- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)";
- \* Form I-766 (Employment Authorization Document) annotated "A3";

***Alien Paroled into the U.S. for at Least One Year***

- \* Form I-94 annotated with stamp showing admission for at least one year under §212(d)(5) of the INA (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

***Alien Whose Deportation or Removal Was Withheld***

- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
- \* Form I-766 (Employment Authorization Document) annotated "A10"; or Order from an immigration judge showing deportation withheld under §243(b) of the INA as in effect prior to April 1, 1997, or removal withheld under §241(b)(3) of the INA.

***Alien Granted Conditional Entry***

- \* Form I-94 annotated with stamp showing grant of asylum under §203(a)(7) of the INA;
- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)";
- \* Form I-766 (Employment Authorization Document) annotated "A3";

***Cuban/Haitian Entrant***

- \* Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on \*Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d)(5) of the INA.

***Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty***

- U.S. Citizenship and Immigration Service petition and supporting documentation

**b. Nonimmigrant**

Evidence of "Nonimmigrant" status includes the following:

- Form I-94 with stamp showing authorized admission as nonimmigrant

**c. Alien Paroled into U.S. for Less than One Year**

Evidence includes:

- Form I-94 with stamp showing admission for less than one year under section 212(d)(5) of the INA.



**CREDIT CARD PAYMENT FORM**

Name of Physician \_\_\_\_\_ AZ Lic No. \_\_\_\_\_

**PLEASE COMPLETE AND RETURN THIS FORM IF PAYING BY CREDIT/DEBIT CARD**

**This form and your order/application may be faxed to: 480-657-7715  
 If faxing this form, please do not mail the original as you may be charged twice.**

Payment Amount: \$ \_\_\_\_\_

Type of Card:  Visa  MasterCard  American Express

Visa or MasterCard #:     -     -     -

OR

American Express #:     -       -

Expiration Date: \_\_\_\_\_ /   (Month Name/YY)

Name as Shown on Credit/Debit Card: \_\_\_\_\_

**Billing Address: (Required)**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number of Card Holder: (Required) \_\_\_\_\_

**Mailing Address (Required if different from billing address)**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number of Card Holder: (Required) \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: The Board shreds this form after payment has been authorized by your credit card company*