



**ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE & SURGERY**

9535 E. Doubletree Ranch Road, Scottsdale, AZ 85258-5572

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

**ORDER FORM: AZ D.O. PHYSICIAN CREDENTIALING DATA FILE**

The Arizona Board of Osteopathic Examiners produces an Excel file containing public information from the D.O. Physician database on a monthly basis. This data file includes the following:

- License Number
- Practice Address
- Zip
- Issue Date
- Graduation Date
- Last Name
- City
- Office Phone Number
- Renewal Date
- Field(s) of Practice\*
- First Name
- State
- In-State or Out-of-State Practice
- Expiration Date
- Board Action(s) type and date\*\*
- Middle Initial/Name
- County
- License Status
- Medical School

\* Asterisk indicates ABMS or AOA Board of Specialties certification

\*\* See individual physician profiles at our www.azdo.gov for documents related to Board Actions

The **AZ DO PHYSICIAN CREDENTIALING DATA FILE** is provided as an attachment via email in Excel format (approximately 1 MB).

Cost: \$100.00 per data file transmission.  
\$25.00 for non-profit (501(c)(3)) organizations (must provide valid Federal documentation with order)  
Government agencies – please contact us before ordering

To order, please fill out page 1 of this form, include check, money order, or completed credit card payment form (page 2 of this form) and mail, email or fax to the Arizona Board of Osteopathic Examiners in Medicine & Surgery (see letterhead for contact information).

\_\_\_\_\_  
Name (please print legibly) Phone No.

\_\_\_\_\_  
Company Name Fax No.

\_\_\_\_\_  
Address

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

**REQUIRED: Email address for data transfer :** \_\_\_\_\_  
**(please print legibly)**

By signing this form and submitting it to the Arizona Board of Osteopathic Examiners, I authorize this agency to debit the credit card listed/accept accompanying check for the purpose of purchasing The AZ DO PHYSICIAN CREDENTIALING DATA FILE (formerly the AZ DO Directory) at the cost of \$100.00 per data file (unless otherwise noted on form) containing public data for current licensees of the Arizona Board of Osteopathic Examiners as of date noted in the file name which includes the following fields: License Number, Last Name, First Name, Middle Initial or Name, Practice Address, City, State, County, ZIP, Phone Number, In-State or Out-of-State Practice, License Status, Issue Date, Renewal Date, Expiration Date, Medical School, Graduation Date, Field(s) of Practice, and Board Action(s), if any.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Two ways to order and pay for the AZ DO Physician Credentialing Data File:**

**To Pay by Credit Card:**

In addition to completing this form, also fill out and submit the "Credit Card Payment Form" and fax both to 480-657-7715, or mail both forms to the Board at the address in the letterhead above. Please note the \$8.00 fee for all credit card transactions.

**To Pay by Cash, Check or Money Order:**

Mail this form with cash, check or money order for \$100 to the address in the letterhead above.



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### 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