

**ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY**  
**APPLICATION INSTRUCTIONS**

Revised: May 2012

Thank you for your interest in becoming licensed by the Arizona Board of Osteopathic Examiners in Medicine and Surgery

***It is your responsibility to review the Arizona Revised Statutes and Rules regarding licensure.***

***These can be found on our website at [www.azdo.gov](http://www.azdo.gov).***

The following information and documents are required to complete your application.

Should you have questions, please contact the Board office at 480-657-7703, ext. 25.

**1. Definitions of frequently used words:**

***COPY:*** Throughout this PDF, “copy” means a simple photocopy, sometimes referred to as a Xerox® copy. If we need to have an original, it will say “original”, for example: an “original transcript of your COMLEX scores”.

***APPLICATION:*** When we refer to the “application”, we mean the pages that say in the upper right corner, “AZ DO License Application page X of 4”. Other pages before and after the application in this PDF are for you to use if you need them. We expect you to append the appropriate forms to the application as needed, unless otherwise directed, along with your supporting documents.

We prefer only one of each page of the application, and as many separate sheets of paper as needed. If your information doesn’t fit in the application’s tables, please do not make copies of application pages to add the information. Instead, just type the ‘overflow’ information on one or more separate sheets of paper and include them with the other supporting documents.

***APPLICATION PACKET:*** The “Application Packet” is this PDF. When we use this term and refer to it as “your application packet” we mean all the completed forms, additional sheets and supporting documents you are required to send to the Board. Your application packet will include the 4-page application, the 2-page Citizenship Status form (required), Malpractice form(s) as needed, all your supporting documents (copy of your osteopathic degree, PGT certificates, yes answers, overflow information, etc. as applicable), and means of payment.

- 2. Notarization:** Your application must be properly notarized. Please note the notarial certificate on page 4 of the application is a *Jurat*. As such, Arizona notarial law requires that no fields of the application are left blank. If you leave blanks, they can be filled in later by someone else. Please put n/a in non-applicable fields prior to notarization. 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.
- 3. \$400 application fee.** Visa, MasterCard, Am Ex, check or money orders accepted. This fee is for processing the application only and is non-refundable. ***Do not send the application fee ahead of your application.*** We cannot hold checks or credit card payment forms. Checks will be voided and returned to the sender, and credit card payment forms will be shredded if the payment is not accompanied by the application.
- 4.** If your application is approved, a license issuance fee will also be required before your license can be issued. See page 20 of this packet for further information.
- 5. A color photograph** of you (head and shoulders) taken within the past 60 days (approximately 2 X 2).
- 6. Identification:** A copy of a current government issued identification showing same name used on the application. A driver’s license, US passport, or military ID are examples of acceptable ID.
- 7. Proof of Citizenship Status:** You are required to submit a completed and signed 2-page Arizona Statement of Citizenship and Alien Status Form (pages 12-13). You are also required to submit a copy of acceptable documentation demonstrating your citizenship, alien status, legal residency or lawful presence in the United States (A.R.S. §1-504 (HB2467)). Please see Lists A & B for types of acceptable documentation (pages 14-16). Note that a Driver’s License is not acceptable documentation of citizenship. US Passports, Birth Certificates and Certificate of Naturalization are acceptable.

8. **Copy of your diploma** from an approved College of Osteopathic Medicine, showing graduation date. This is in addition to the primary source verification form you are required to send to your COM. (See item 16.) You may use your transcript in lieu of a copy of your osteopathic diploma.
9. **Copy of internship certificate** or official letter showing completion of an internship or first year of residency (PGY1). This is in addition to the primary source verification form you are required to send to your post-graduate training facility. (See item 16.) You are not qualified to be licensed in Arizona until you have completed PGY-1. If your PGY-1 year was the first year of your residency and your program did not issue a PGY-1 certificate or letter, please let us know.
10. **Copy of residency and fellowship certificate(s)** or official letter(s) showing completion of any postgraduate training for PGY-2 and beyond, if applicable. This is in addition to the primary source verification form you are required to send to your postgraduate training facility or facilities. (See item 16.)
11. **COMLEX scores:** Original, official transcript of your COMLEX or USMLE examination scores if you passed Level 3 within the past 7 years. The transcript must be on official letterhead and paper and be mailed to us by the testing organization; originals or copies from the applicant are not acceptable. This transcript can be ordered from your testing organization. You are responsible for all associated fees. FCVS is the only trusted secondary source we will accept.
12. **Employment/Practice History:** In section 7 of the application, list all health care facilities, clinics, urgent cares, offices, etc. at which you practiced medicine, consulted medicine, or had staff privileges since completion of postgraduate training. This also includes employers, past and present, but does not include facilities at which you were doing PGT rotations. You must account for all years since postgraduate training was completed.

Please use a separate sheet of paper (not a copy of an application page) as needed. Type the 'overflow' information that doesn't fit in the application on one or more separate sheets of paper and include them with the other supporting documents. If this information is in your CV, you may write "see CV" in the table and include your CV with your application instead. Also see item 16.

**LOCUM TENENS HISTORY:** We realize the difficulty in attempting to organize LT history in a standard chronological format. If you have locum tenens history, please write "see attached LT history" or something to that effect in the table, then use a separate blank sheet and organize your history by healthcare facility, and then dates. Put the staffing/LT agency name in parentheses or brackets next to the facility name. Use as many pages as necessary. For example:

**Justin Example Hospital and Medical Center (XXX staffing)**

**Any Town, AZ**

1/1/11 – 1/30/11  
 3/5/09 – 3/31/09  
 2/5/08 – 4/1/08

**Another Example Hospital (ZZ & Z Group)**

**Any Town, AZ**

May 1, 2010 to May 14, 2010  
 March 1, 2009 to March 4, 2009  
 Oct 25, 2007 to Nov 3, 2007

This general organizational format will allow you to more easily determine where you need to send copies of Form 3 in the application packet, and allow us to more easily match them to the history you provide, preventing errors, omissions and unnecessary delays.

Please note: While we need a list of your entire employment and practice history since initial licensure, you only need to provide primary source verification of the last **seven (7) years** of that history to the Board.

13. **Board Certified in Specialty:** Copies of ABMS or AOA-BOS Board certification(s), if applicable.

- 14. Professional Conduct History “YES” Answers:** If you answered Yes to any question in Section 8 (Professional Conduct History), provide a written explanation on a separate sheet of paper and include it and any documents that confirm your explanation.
- 15. Medical Malpractice:** If you’ve had a malpractice suit that has 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, complete the Malpractice form provided (page 10) for each instance and attach supporting documents; include these with your application packet.
- 16. Change of Name:** Copies of legal documentation showing change of name (if you have used a different name in the past). This includes change of name as a result of marriage, divorce, or other legal means. Please note, if the name on your ID and the name on the other documents in your application packet do not match, you must explain the discrepancy if it isn’t already self-explanatory by a marriage certificate, etc. You also need to fill in the line that asks for ‘other names used’ on the first page of the application.
- 17. Primary Source Verification (PSV)** of your professional education, training, and seven (7) years of practice history are required. Please send Forms 1, 2 and 3 to the appropriate entities in order to obtain this, and then have the completed form(s) sent directly to the Board in order to maintain primary source integrity. We accept verifications by fax, email or mail from the verifying entities. *Primary source verification is only accepted if it is completed and sent directly from the verifying entity to the Board.*

**PSV: THINGS TO REMEMBER**

- Please DO NOT have the original PSV Forms 1, 2 or 3 sent to you
- Please DO NOT fill these out yourself below the line that says “to be filled out by ....”
- Please DO NOT keep the signed originals and include them in your application packet. We cannot accept them as primary source verification if they come from the applicant.
- If you are providing SASEs to these entities, DO NOT put your own return address in the corner of the envelope. When it arrives, we will immediately assume it is coming from you, and we won’t accept it.

**If you follow the directions for PSV, you will avoid unnecessary delays and you’ll only have to do them once.**

- 18. Verification of licensure and disciplinary history** from each state in which you are or have ever been licensed. If no actions have been taken against your license(s), the verifications must state this. You are required to contact each state and have the verification sent directly to the Board. Please do not send copies of your license certificates or wallet cards. These do not provide information about your current license status and disciplinary history.
- 19.** Any supporting documents that arrive at the Board office prior to your application will be filed for 6 months. These will be matched up with your application when it arrives. If the delay is lengthy, Primary Source Verification for current PG programs, state licenses and employment history/health care affiliations may need to be re-verified.
- 20.** Your original, notarized application must be sent by regular mail or via a delivery service. We do not accept copies, faxes or scans of the application.
- 21.** When your application arrives at the Board office and payment is processed, you will be sent an email from our Licensing Manager acknowledging receipt. Please include a valid email address in the space provided on the application. This will allow us to communicate more readily with you and facilitate processing your application.

If you have any questions, please read the FAQ on our website at [www.azdo.gov](http://www.azdo.gov) > FOR DOs > New License Application > Initial Licensure FAQ

If the FAQ doesn’t answer your question, please feel free to contact us: [questions@azdo.gov](mailto:questions@azdo.gov) Phone: 480-657-7703 FAX: 480-657-7715

**DUE TO THE HIGH VOLUME OF APPLICATIONS, PLEASE ALLOW 30 DAYS BEFORE CONTACTING THE OFFICE FOR AN UPDATE ON THE STATUS OF YOUR APPLICATION**



**Arizona Board of Osteopathic Examiners In Medicine and Surgery**

9535 E. Doubletree Ranch Road, Suite 200, Scottsdale, AZ 85258

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

**OSTEOPATHIC MEDICINE & SURGERY  
LICENSE APPLICATION**

THIS AREA FOR OFFICIAL USE ONLY

Attach a photograph  
for identification purposes  
Approximately  
2" x 2"  
TAKEN WITHIN THE  
PAST SIXTY (60) DAYS

**DO NOT STAPLE PHOTO**  
**Transparent tape at edges**  
**is preferred**

**PLEASE COMPLETE CAREFULLY**

Please fill out the application completely and submit with application fee of \$400.00. Write N/A in non-applicable fields. Leave no fields blank.

Answer "none" or "n/a" if that is the correct response. In accordance with Arizona Revised Statutes § 32-1822, you may be required to submit additional information, be evaluated for fitness to practice, or appear before the Board for a personal interview, in addition to submitting this application and requested documentation. Please review the instructions to assess the completeness of your application packet before submitting.

**The filing of this application does not authorize you to practice medicine and surgery in the State of Arizona.**

**SECTION 1: APPLICANT IDENTIFICATION AND CONTACT INFORMATION – REQUIRED**

Last Name	First Name	Middle Name
Other Names Used (Provide copies of marriage license or court records) (If this does not apply to you, write N/A)		
Mailing Address	Cell/Daytime Phone Number	
City	State	Zip
Email Address	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/> Check if using FCVS	

**Confidential Information:**

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**SECTION 1A: ALTERNATE CONTACT** You may authorize someone else to check the status of your application by providing the following information and signing it. If this section is blank, only you, the applicant, will be told status of this application.

Name of Contact: _____ Phone Number: _____
Name of Company: _____ Email: _____
Address/City/State/Zip: _____
I, _____, give authorization for the above named person to be informed of the status of my application for licensure in Arizona.

**SECTION 2: EXAMINATIONS** Please list the national licensure examinations you passed and the dates you passed. If you passed Level 3 of the COMLEX or Part 3 of the USMLE exam in the past 7 years, you must have an original transcript of all your scores sent directly to this agency. If it has been more than 7 years since you passed your licensing examinations, you do not need to have your scores sent to the Board, but you still need to list them in the table below.

Name of Exam / Part or level	Date passed

**SECTION 3: OTHER STATE LICENSES:** Please fill in the information for each license you hold or have held. If you have more than fits in the table below, please use a separate blank sheet of paper for the 'overflow' information. If you were previously licensed in AZ, list that, too. On a separate sheet of paper, explain any time you were not licensed. You must submit a verification of license from each State that issued you a license, showing status and disciplinary history. See instructions for specific requirements.

Issuing State	License Number	Date of Issuance	Date of Expiration	License Status

**SECTION 4: PRIMARY FIELD OF PRACTICE / BOARD CERTIFICATION OF SPECIALITIES** Please list below your primary field of practice. If you are currently completing PGT, list the field you are training in. If you are Board certified in a specialty by either AOA-BOS or a specialty board of ABMS, list those. Please write either AOA-BOS or ABMS to indicate by which Board you are certified. The AZ Osteopathic Board does not recognize specialty certifications by other credentialing bodies. Attach a copy of each Certification listed.

**Primary Specialty/Field of Practice:** \_\_\_\_\_

ABMS / AOA Board Specialty Attach additional sheet if needed	Date Certified	Expiration Date

**SECTION 5: PROFESSIONAL EDUCATION:** Please fill in areas below completely & accurately. Forward the Professional Education Verification form (No. 1) in this application to the Osteopathic College from which you graduated. The form must be completed by the school Registrar or Dean and returned **DIRECTLY** to the AZ Osteopathic Board in order to provide primary source verification of your schooling.

Name of Osteopathic Medical School from which you graduated	City/State	Graduation Date (M/D/YYYY)

**SECTION 6: POSTGRADUATE TRAINING:** Please fill in areas below completely and accurately. Forward a copy of the Postgraduate Training Verification form (No. 2) in this application to each postgraduate training facility/program at which you trained. The form must be completed by the Program Director and returned **DIRECTLY** to the AZ Osteopathic Board in order to provide primary source verification of your training. If the facilities or programs are now defunct, please say so. If more space is needed, use a separate sheet.

Type of Program	Name of Institution or Program	City/State	Specialty	Dates Attended	
				Start (M/D/YYYY)	End (M/D/YYYY)
Internship/ Transitional					
Residency					
Residency					
Fellowship					
Fellowship					

**SECTION 7: PRACTICE HISTORY\*:** List in chronological order, all **HOSPITALS OR HEALTH CARE FACILITIES** (including military / federal government) with which you are/were affiliated and/or had staff privileges or were employed/practiced medicine **SINCE COMPLETION OF POSTGRADUATE TRAINING**. Do not include facilities where you obtained PGT. You must account for all years since postgraduate training. If more space is needed, use a separate sheet of blank paper. Please do not copy this application page for 'overflow' practice history. If your CV provides all the information requested, you may submit it, and indicate such in the table below. If a facility is now defunct, please say so.

You also are required to submit a copy of the Employment/Health Care Facilities Verification form (No. 3) in this application to each facility at which you worked/were employed/had staff privileges IN THE LAST SEVEN (7) YEARS. The form must be completed by the Medical Employer or Medical Staff official and returned **DIRECTLY** to the AZ Osteopathic Board in order to provide primary source verification of your work history for the last seven (7) years.

**\* If you have Locum Tenens history, please see instructions sheet #11 for alternative handling of this section.**

Start Date (M/D/YYYY)	End Date (M/D/YYYY)	Name of Health Care Facility or Employer	City/State

**SECTION 8: PROFESSIONAL CONDUCT HISTORY**

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.	YES	NO
1. Have you 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 reportable misdemeanor; OR are you under investigation for or 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? You must answer "yes" even if you received a pardon, the convictions were set aside, the records were expunged, your civil rights were restored and whether or not the sentence was imposed or suspended.		
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 dependency, or for correction of communication or boundary issues, in lieu of or as a condition of resolving a matter before a regulatory board, criminal or civil court; OR have you been notified that such action is pending? You must answer "yes" even if you received a pardon, the convictions were set aside, the records were expunged, your civil rights were restored and whether or not the sentence was imposed or suspended.		
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?		
7. Have your hospital privileges or health care program affiliations denied, restricted, lost, suspended or modified, or subjected to any other adverse 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, 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?		

**SECTION 9: OATH and NOTARIZATION: TO BE SIGNED BY APPLICANT AND NOTARIZED.**

I, (name of applicant) \_\_\_\_\_, being first duly sworn upon my oath depose and say: 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 I am accountable before the Board for each statement made in my application packet, and failure to disclose unprofessional conduct history may be grounds for denial of licensure, an action reportable to the National Practitioner Data Bank.

\_\_\_\_\_, D.O. \_\_\_\_\_  
 Signature of Applicant Date Signed

*If notarizing in Arizona, there can be no blank spaces in the document per A.R.S. §41-328(A).*

State: \_\_\_\_\_ )  
 County: \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_,  
(NAME OF SIGNER)  
 whose identity was proven to me on the basis of satisfactory evidence, and swore or affirmed that the information in this application form is true, complete and correct.

Notary Public: \_\_\_\_\_  
 My commission expires: \_\_\_\_\_



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**Form No. 1: PROFESSIONAL EDUCATION PRIMARY SOURCE VERIFICATION**

In applying for a license to practice medicine in Arizona, the Arizona Board of Osteopathic Examiners requires this form to be completed by the **Dean or the Registrar** of the osteopathic medical school from which you graduated. This is authorization to release any information in your files of record, favorable or otherwise, **DIRECTLY to the ARIZONA BOARD OF OSTEOPATHIC EXAMINERS, 9535 East Doubletree Ranch Road, Scottsdale, Arizona 85258.**

Applicant Name: \_\_\_\_\_, D.O. Last 4 digits of SSN: \_\_\_\_\_

Signature \_\_\_\_\_ Date (Month/Day/Year) \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE OSTEOPATHIC MEDICAL SCHOOL**

This certifies that \_\_\_\_\_, D.O.  
(Name of Applicant)

was enrolled in: \_\_\_\_\_  
(Name of Osteopathic College of Medicine)

\_\_\_\_\_  
(Location – City/State)

The undersigned further certifies that the records of this institution show that the applicant

was granted an Osteopathic Medical Degree by the above named COM on: \_\_\_\_\_.  
(Date: mm/dd/yyyy)

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name Typed or Printed: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Contact person, if different than above: \_\_\_\_\_

Email: \_\_\_\_\_

**TO MAINTAIN INTEGRITY OF PRIMARY SOURCE VERIFICATION  
SEND ORIGINAL DIRECTLY TO THE AZ BOARD OF OSTEOPATHIC EXAMINERS**



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Form 2: PRIMARY SOURCE VERIFICATION OF POST GRADUATE TRAINING

FOR APPLICANT: Make as many copies as needed. Mail or Fax this form to the program director of each Post Graduate Training (PGT) program you participated in, regardless of completion. This completed form is a requirement of licensure in Arizona. Your signature below is authorization to release any information about you in your PGT program's files of record, favorable or otherwise, DIRECTLY to the AZ Board of Osteopathic Examiners in Medicine and Surgery.

Applicant Name: \_\_\_\_\_, D.O.

Signature \_\_\_\_\_ Date (Month/Day/Year) \_\_\_\_\_

THIS SECTION TO BE FILLED OUT BY PROGRAM DIRECTOR

FOR PGT PROGRAM DIRECTOR: The above named individual has applied for licensure in Arizona and has stated that he/she has participated in a PGT program at your facility. He/she is required to submit this form to you to complete and send directly to the AZ Board of Osteopathic Examiners in Medicine and Surgery at the address in the letterhead. To maintain integrity of primary source verification send completed original directly to the AZ Board of Osteopathic Examiners at the address in the letterhead. Thank you for your help in verifying this individual's qualifications for licensure in Arizona.

1. Important - Program Participation: Please report internships, residencies and fellowships separately. Please report incomplete postgraduate years (PGY) separately from those that were successfully completed. If the postgraduate year is currently in progress, report the expected completion in the "To" field.

PGYear(s): \_\_\_\_\_ DEPARTMENT/SPECIALTY: \_\_\_\_\_
Internship Residency Fellowship
From: \_\_\_\_\_ To: \_\_\_\_\_
Successfully completed? Yes No In Progress

PGYear(s): \_\_\_\_\_ DEPARTMENT/SPECIALTY: \_\_\_\_\_
Internship Residency Fellowship
From: \_\_\_\_\_ To: \_\_\_\_\_
Successfully completed? Yes No In Progress

PGYear(s): \_\_\_\_\_ DEPARTMENT/SPECIALTY: \_\_\_\_\_
Internship Residency Fellowship
From: \_\_\_\_\_ To: \_\_\_\_\_
Successfully completed? Yes No In Progress

2. The following questions apply to the PGT years stated above. Please check the appropriate response:

- a. This program was approved for postgraduate training during this individual's attendance by: AOA ACGME DUAL
b. Did this individual ever take a leave of absence or deferment/break from their training? Yes No
c. Was this individual disciplined and/or placed under investigation or on probation? Yes No
d. Did this individual participate in a confidential or public diversion program for substance abuse monitoring? Yes No

Please explain below any "Yes" response(s) to the above two questions. Use a separate sheet of paper if more room is necessary.

3. COMMENTS: \_\_\_\_\_

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

Name Typed or Printed: \_\_\_\_\_ Title: \_\_\_\_\_

Full name of Program or Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Contact person, if different from above: \_\_\_\_\_ E-mail: \_\_\_\_\_



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**Form No. 3: EMPLOYMENT/HEALTH CARE FACILITIES PRIMARY SOURCE VERIFICATION**

In applying for a license to practice medicine in Arizona, the Arizona Board of Osteopathic Examiners requires this form to be completed by the **Medical Employer/Director** where I have been employed for evaluation of my professional record, mental and physical capabilities during the seven (7) years preceding my application. This is authorization to release any information in your files of record, favorable or otherwise, **DIRECTLY** to the ARIZONA BOARD OF OSTEOPATHIC EXAMINERS, 9535 East Doubletree Ranch Road, Scottsdale, AZ 85258.

Applicant Name: \_\_\_\_\_, D.O.

Signature \_\_\_\_\_ Date (Month/Day/Year) \_\_\_\_\_

**THIS SECTION TO BE FILLED OUT BY FACILITY OFFICIAL**

1. This is to certify that \_\_\_\_\_, D.O.,  
held/holds the following position: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

**Circle the correct response to the questions below: ("Yes" responses require written explanation.)**

- 2. Has this individual participated in a confidential or public diversion program for substance abuse monitoring? **Yes** **No**
- 3. Was this individual disciplined and/or placed under investigation or on probation? **Yes** **No**

*Please explain below any "Yes" response(s) to the above two questions. Use a separate sheet of paper if more room is necessary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer/Facility: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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

Name of Official (printed): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO MAINTAIN INTEGRITY OF PRIMARY SOURCE VERIFICATION, SEND ORIGINAL DIRECTLY TO THE AZ BOARD OF OSTEOPATHIC EXAMINERS**

**AZ Board of Osteopathic Examiners License Application**  
**MALPRACTICE CLAIM / SUIT QUESTIONNAIRE**

Complete the information below for each instance of any award, settlement, or payment of any kind either 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 Practitioners Data Bank; OR if you have been notified that any such suit or claim is pending. Duplicate this form as necessary and use as a cover sheet with all supporting documents required as listed below.

1. Applicant's name: \_\_\_\_\_
2. Name of patient: \_\_\_\_\_  

Last name
First name
Middle name/initial
3. Date of occurrence \_\_\_\_\_
4. Location of occurrence: \_\_\_\_\_  

Name of hospital / office / clinic)
City / State
5. Current status of suit/claim:     Pending             Settled  
 If settled, was it settled:     in court     out of court    Date of settlement:    \_\_\_\_ / \_\_\_\_ / \_\_\_\_
6. Total Amount of Settlement / Award \$ \_\_\_\_\_ Amount attributable to you \$ \_\_\_\_\_
7. Name of your insurance company : \_\_\_\_\_
8. Has this case been investigated or reviewed by any State Board?     No     Yes     Pending  
 If Yes or Pending, Name of Board: \_\_\_\_\_
9. On a separate sheet of paper, in your own words, **briefly describe the claim / suit**, and your involvement. Attaching the NPDB description is not an acceptable response.
10. **Attach the following documents to this form.** Your application will not be decided upon until these attachments have been received.
  - a. plaintiff's complaint or claim to insurer,
  - b. settlement agreement, court order, or dismissal letter (if case has concluded), and
  - c. Board resolution after investigation of case (if case has concluded).

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date signed



**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 FOR ALL APPLICANTS**

**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 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.

The Arizona State University Center for Health Information and Research, with the Arizona Board of Medicine and the Arizona Board of Osteopathic Examiners in Medicine and Surgery, conducts this survey to gather information on the factors that influence physicians to practice in Arizona. **Your participation is voluntary and your responses are confidential. The data are stored in a secure facility at Arizona State University and only aggregate results are published.**

Applicant Name \_\_\_\_\_  MD  DO

1. I am applying for an Arizona license because (check the **most important** reason)

- |  |   |
|--|---|
| <input type="checkbox"/> Completed Residency, entering practice              | <input type="checkbox"/> Bought into a practice/partnership in Arizona  |
| <input type="checkbox"/> Beginning Fellowship in Arizona                     | <input type="checkbox"/> Accepted hospitalist position in Arizona       |
| <input type="checkbox"/> Completing Fellowship in another state              | <input type="checkbox"/> Joint job change with spouse/significant other |
| <input type="checkbox"/> Federal physician transitioning to private practice | <input type="checkbox"/> Bad Malpractice Climate                        |
| <input type="checkbox"/> Transfer by corporate employer health insurer       | <input type="checkbox"/> Poor Reimbursement                             |
| <input type="checkbox"/> Locum tenens  | <input type="checkbox"/> To do utilization review on Arizona patients   |
| <input type="checkbox"/> To treat Arizona patients via Telemedicine          | <input type="checkbox"/> Managed Care Penetration                       |
| <input type="checkbox"/> Other (Specify) _____                               |   |

2. I am **moving to** (city/town) \_\_\_\_\_ Arizona **from** (city/town) \_\_\_\_\_ State \_\_\_\_\_

3. How did you learn of the position that you accepted in Arizona:

- Recruited by hospital/university
- Recruited by professional acquaintances
- Through a search firm
- Through an ad in a journal/professional publication
- Through information obtained during residency/fellowship
- Other \_\_\_\_\_

4. Please select, from the following list, **up to three** of the important influences on your decision to practice in Arizona rather than in some other state.

- |  |   |
|--|---|
| <input type="checkbox"/> Family/Personal Ties                              | <input type="checkbox"/> Compensation/Cost of Living                      |
| <input type="checkbox"/> Job Opportunity for Spouse/Significant Other      | <input type="checkbox"/> National Service Corp obligation                 |
| <input type="checkbox"/> Climate   | <input type="checkbox"/> Quality and Availability of Emergency Facilities |
| <input type="checkbox"/> Lack of positions in chosen field in other states | <input type="checkbox"/> Availability of Specialists for Consultation     |
| <input type="checkbox"/> Quality of Elementary/Secondary Schools           | <input type="checkbox"/> Relatively Low Malpractice Premiums              |

If other important factor, specify \_\_\_\_\_

5. If your new position includes treating patients, do you plan to accept: *Medicare*  Yes  No *Medicaid*  Yes  No

6. Can you converse, without a translator, to patients who speak the following as their only language? (**Check all that apply**):

English	Spanish	French	Chinese	Vietnamese
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	Tagalog	Other:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	

7. Did you use electronic medical records in your last practice setting?  Yes  No

8. Do you expect to use electronic medical records in your new practice setting  Yes  No  Don't Know

**THANK YOU FOR TAKING THE TIME TO HELP PLAN FOR THE FUTURE PHYSICIAN WORKFORCE AND WELCOME TO ARIZONA.  
BEST WISHES FOR YOUR FUTURE** NPS MD-DO 2010

## License Application Checklist

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

### **A): Before you send us your application packet, check that you have completed the following:**

- 1. A current version of the Board's license application (May 2012 revision date on Instructions and Application)
- 2. All sections of 4-page application, or marked N/A if not applicable. If you leave a field blank, it is the same as answering "no" or "none", but it may not be in compliance with notarial law in your state.
- 3. A clear, recognizable color picture of you (head and shoulders) 2 x 2 inches, (like a passport photo) taken within the past 60 days attached to the front page of the application. We prefer that you use transparent tape around the edges because your application packet will be scanned.
- 4. Your name, date and notarized signature in Section 9 of application. **DO NOT LEAVE ANY QUESTION UNANSWERED IN THE APPLICATION OR ANY FIELD IN THE OATH AND NOTARIAL CERTIFICATE BLANK.**
- 5. Photocopy of a currently valid government issued photo ID: for example, a driver's license or military ID
- 6. Copy of court records of any name changes (Section 1 of application)
- 7. Explanations and supporting documentation of all "yes" answers to Professional Conduct History (Section 8). This includes medical malpractice settlements, etc. Use the form on p. 10 as a coversheet for each instance of med mal.
- 8. Copy of AOA/BOS or ABMS specialty certification or letter, showing specialty and/or subspecialty, dates of issuance and expiration. (Section 4)
- 9. Completed Citizenship/Alien status 2-page form, signed in section IV (pages 11-12 of the application packet)
- 10. Photocopy of current U.S. Passport, Birth Certificate or other valid form establishing citizenship/alien status listed in Lists A & B (p. 13-15 of packet). Please note, we do NOT accept a driver's license as a valid proof of citizenship status.
- 11. Copy of your osteopathic diploma; copy of your internship certificate or official letter showing completion of an internship or first year of residency (PGY1).

### **B): You must cause the following Primary Source Verifications be sent directly to the Board:**

- 12. Verification of Graduation from College/School of Osteopathic Medicine (Form 1, p. 7 of packet). This verifies information you provided in Section 5.
- 13. Verification of Post Graduate Training ( Form 2, p. 8). This verifies information you provided in Section 6.
- 14. Verification of Medical Licensure Examination, if applicable. Contact your licensing examination board for their requirements to have an original transcript sent to the AZ Osteopathic Board. This verifies information you provided in Section 2.
- 15. Verification of State Licensure and Professional Conduct History, if applicable. Each state has its own form so we do not include one. This verifies information you provided in Section 3.
- 16. Verification of Medical Employment and Health Care Facilities Affiliations (Form 3, p. 9). This verifies information you provided in Section 7. This is for both employment history and health care affiliations for the last seven (7) years.

*You do not need to include this checklist with your application. Its purpose is to help you complete the paperwork associated with licensure and submit a satisfactory application, preventing unnecessary delays.*

Please call or email with any questions  
480-657-7703 x 25  
[QUESTIONS@AZDO.GOV](mailto:QUESTIONS@AZDO.GOV)



**Arizona Board of Osteopathic Examiners In Medicine and Surgery**

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

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

**PAYMENT CARD AUTHORIZATION FOR OSTEOPATHIC LICENSURE APPLICATION FEE**

This fee is for processing the application only

Name of Applicant: \_\_\_\_\_, D.O.

Please complete and return this form and mail with your application if paying by credit card.

**Amount: \$400.00**

Type of Card:  Visa  MasterCard  American Express

Visa or MasterCard #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OR

American Express #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ (MM/YY)

Name as Shown on Payment 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**

## FYI - Application Processing Overview

### ***YOU'VE SENT IN YOUR APPLICATION. WHAT HAPPENS NEXT?***

**EMAIL ACKNOWLEDGMENT:** When Board staff has received your application packet, you will be sent an email acknowledging receipt. If you do not include an email address, no acknowledgement will be sent. This acknowledgement does not mean that all required documents have been received.

**ADMINISTRATIVE COMPLETENESS/DEFICIENCY LETTER:** Approximately 15 days after sending the acknowledgement email, staff will mail a letter to you listing what has, and has not, been received. This is called the “Administrative Completeness (Incompleteness)” letter.

If all the documents in both A) and B) of the Checklist have been received, you will not receive this letter.

**ADMINISTRATIVELY COMPLETE:** After everything in the Checklist has been received, the Board staff will independently obtain the following:

- 1.) National Practitioner Data Base and National Health Integrity Data Base reports
- 2.) Federation of State Medical Board’s Board Action Report / Licenses held reports

At this point, your application is Administratively Complete, and moves to Substantive Review.

**SUBSTANTIVE REVIEW:** Under Arizona Law, this stage of application processing is *the evaluation of* all answers, documents, and verifications collected, and *the decision* whether those demonstrate you are qualified for licensure in Arizona. You may be required to appear before the Board at a regularly scheduled Board meeting for a decision on your application.

**ISSUANCE OF LICENSE:** If at the conclusion of the Substantive Review your license is approved, you will receive a letter of congratulations and an invitation to accept your license. At this point your license is approved but it has not been issued and you cannot yet practice medicine in Arizona.

Enclosed with the approval letter is the **Request for Issuance of License** form. It is a legal requirement for you to ACCEPT your Arizona license by completing this form, signing and dating it, and submitting it with the license issuance fee. We will accept scanned or faxed copies of this form if accompanied by the credit card payment form included with the letter, or you can submit the form and fee by check or money order via mail delivery.

You have 45 days from approval date to accept your license. There is a prorated fee table on the issuance form. You will need to pay the fee that corresponds with the month you are requesting issuance of your license. Within 24 hours of receiving the issuance form and fee, your payment will be processed and your license issued.

You can check on the status of your license after it is issued by going to [www.azdo.gov](http://www.azdo.gov) > Doctor Search and performing a license search on your last name. Your web profile only appears after the license is issued.

**MAINTAINING YOUR LICENSE:** Your initial license will be valid until the end of the calendar year in which it is issued. Please see the License Renewal and CME FAQ on our website at [www.azdo.gov](http://www.azdo.gov) for more information regarding maintaining and renewing your Arizona license.

Arizona Revised Statutes and Rules for osteopathic licensure can be found on our website at [www.azdo.gov](http://www.azdo.gov) > Statute and Rules. As a licensed physician, you will be subject to all state and local laws and regulations pertaining to public health, and subject to all the same duties and obligations and authorized to exercise all the same rights and privileges possessed by physicians and surgeons of other complete schools of medicine in the practice of their profession per A.R.S. §32-1852.