

APPLICATION CHECKLIST

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.***

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. Application form with all questions completed - Notarized signature on application
2. **\$400 application fee.** (Visa/MasterCard/AE accepted) This fee is for processing the application only.
3. A photograph of you taken within the past 60 days (approximately 2 ½ X 2 ½).
4. A photocopy of a government issued identification showing same name used on the application. (driver's license or passport).
5. A photocopy 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 of application).
6. Photocopy of your diploma or transcript from approved Osteopathic Medical School, showing graduation date. This is in addition to the primary source verification form you must send to your school. (See item 15.)
7. Photocopy of 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 must send to your post-graduate training facility. (See item 15.) Completion dates after the date of application are not acceptable.
8. Original, official transcript of your NBOME, COMLEX or USMLE examination scores if you passed Level 3 within the past 7 years. The transcript must be on official letterhead and paper; copies are not acceptable. This transcript can be ordered from your testing organization.
9. Photocopy of certificate(s) or official letter(s) showing completion of any postgraduate training following your first year of residency (PGY1). This is in addition to the primary source verification form you must send to your postgraduate training facility or facilities. (See item 15.)
10. List all health care facilities with which you practiced medicine, consulted medicine, or had staff privileges since completion of postgraduate training. You must account for all years since postgraduate training was completed. Also see item 15.
11. Copies of ABMS or AOA Board certification(s), if you are certified.
12. Provide complete professional conduct history and Malpractice Claim information. If you have had no Malpractice Claims, please indicate with n/a on the form, sign, date and return with application.
13. Photocopies of legal documentation showing change of name (if you have used a different name in the past).
14. Verification of licensure and disciplinary history from each State in which you are or have ever been licensed. You are required to contact each State and have the verification sent directly to the Arizona Board of Osteopathic Examiners, 9535 E. Doubletree Ranch Rd., Scottsdale, AZ 85258. If a State has primary source verification on a website, you may submit a printout of the web page that shows your license status and disciplinary history. The printout must show the same name as on your Arizona application, your disciplinary history in that State, the website address (URL), and a system-printed date within 14 days of your application being received.
15. The applicant must forward any forms that are required within the application to the appropriate entity for completion. You are required to send the forms to the correct facility and have the completed and signed form sent directly to the Arizona Board of Osteopathic Examiners, 9535 E. Doubletree Ranch Rd., Scottsdale, AZ 85258. DO NOT have the originals sent to you. Originals sent directly by the facility to this agency are required for primary source verification in order for you to be licensed in the state of Arizona.

**ALLOW 30 DAYS BEFORE CONTACTING THE OFFICE
REGARDING THE STATUS OF YOUR APPLICATION**



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
OSTEOPATHIC LICENSURE APPLICATION FEE**
This fee is for processing the application only

Please complete and return this form and your renewal application if paying by credit card.
This form and your application may be faxed to: 480-657-7715
If faxing this form, please do not mail the original as you may be charged twice.

Amount: \$400.00

Type of Card: Visa MasterCard American Express

Visa or MasterCard #: - - -

American Express #: - -

Expiration Date: _____ / (Month Name/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



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

THIS AREA FOR OFFICIAL USE ONLY

Attach a photograph
for identification purposes
Approximately
2 1/2" x 2 1/2"
TAKEN WITHIN THE
PAST SIXTY (60) DAYS

APPLICATION INSTRUCTIONS--PLEASE READ CAREFULLY

Please fill out the application completely and submit with application fee of \$400.00. 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.

LICENSE ISSUANCE FEE

If your application is approved, you must pay an additional license issuance fee in order for your license to be issued and for you to practice legally in Arizona. Your initial license will be valid until the end of the calendar year in which it is issued. The filing of this application does not authorize you to practice medicine and surgery in the State of Arizona.

SECTION I: IDENTIFICATION AND CONTACT INFORMATION - REQUIRED

Last Name	First Name	Middle Name

Home Address	City	State Zip
(if your address changes during the processing of this application, notify the Board ASAP)		

Home Phone Number	Cell/Daytime Phone Number	Email Address

Other Names Used (Provide copies of marriage license or court records)		

Gender: Male _____ Female _____		
Citizenship: U.S. Citizen: _____ Resident Alien: _____ Other: _____		
Even if you are born in the United States, you must provide a copy of acceptable documentation in demonstrating your citizenship, alien status, legal residency or lawful presence in the United States (A.R.S. §1-501): Birth certificate & passport (preferred), baptismal certificate, naturalization certificate, and/or alien registration card.		
Confidential Information:		

Date of Birth: _____ Social Security Number: _____		

SECTION IA: 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: _____

Address: _____ Email Address: _____

I, _____, give authorization for the above named person to help in the processing of my application for licensure in Arizona.

SECTION II: EXAMINATIONS Please list the NBOME and COMLEX examinations you passed for licensure and the dates you passed. If you passed Level 3 of the COMLEX exam in the past 7 years, you must include an original of your scores with this application, or have them sent directly to this agency. If it has been more than 7 years since you passed your licensing examinations, you do not need to include an original of your scores but you still need to list them.

Name of Exam / Part or level	Date passed

SECTION III: LICENSES AND PRACTICE Please fill in the information for each license you hold or have held. If you were previously licensed in AZ, list that, too. List the state where you were first licensed in first box, marked (F). On a separate piece of paper, explain any time you were not in practice. You must submit a verification of license from each State that issued you a license, showing status and disciplinary history. See instruction sheet for specific requirements.

Issuing State (attach additional sheets if needed)	License Number	Date of Issuance	Date of Expiration	Year first practiced there	Year last practiced there
(F)					

SECTION IV: PRIMARY PRACTICE / BOARD SPECIALITIES Please list below your primary field of practice. If you are Board certified in a specialty by either AOA or a specialty board of the AMA, list those. Please write either AOA 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 Field of Practice: _____

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

SECTION V: PROFESSIONAL EDUCATION: Please fill in areas below completely & accurately. Forward the Professional Education Verification form (No. 1) in this application to the Osteopathic College you attended. 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 Institution or program	Complete Mailing Address	Telephone; FAX No.	Years Attended	
				From	To
Osteopathic College					

SECTION VI: 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.

	Name of Institution or program	Complete Mailing Address	Telephone; FAX No.	Years Attended	
				From	To
Internship (PGY1)					
Residency					
Residency					
Fellowship					

SECTION VII: List all **HOSPITALS OR HEALTH CARE PROGRAMS** (including military / federal government) with which you are/were affiliated and/or had staff privileges **SINCE COMPLETION OF POSTGRADUATE TRAINING**. You must account for all years since postgraduate training. Forward a copy of the Health Care Facilities Verification form (No. 3) in this application to each facility at which you worked/had staff privileges. The form must be completed by the Medical Employer and returned **DIRECTLY** to the AZ Osteopathic Board in order to provide primary source verification of your work history. If the facilities are now defunct, please say so. If more space is needed, use a separate sheet.

Years From - To	Contact person / Title	Name of Hospital or Health Care Program	Complete Mailing Address	Telephone; FAX No./ Email

SECTION VIII: 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?		
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?		
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?		

TO BE SIGNED BY APPLICANT AND NOTARIZED

I, _____, 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.

_____, D.O.
Signature of Applicant

State _____ County _____

Subscribed and sworn to before me this _____ day of _____, 20_____

(SEAL)

Notary Public

My commission expires: _____



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

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 all medical schools attended. 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**, by mail or fax (480-657-7715).

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 Medical School) (Location – City/State)

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

_____ to: _____
Month/Day/Year Month/Day/Year

Please Check One: The Applicant was granted an Osteopathic Medical Degree by the above named Medical School on (Date: m/dd/yyyy) _____.

The Applicant withdrew from the above named Medical School on (Date: m/dd/yyyy) _____.

Advanced Credits: Credits granted upon admission:

_____ (Name of Medical School) _____ (total credits) _____ (dates attended)

COMMENTS: _____

Signed: _____

(SEAL OF COLLEGE)

Name Typed or Printed: _____

(If no seal, please indicate)

Title: _____ Date: _____

Address: _____ Phone No.: _____

City/State/Zip: _____ Fax No.: _____

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



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

Form No. 2: POST GRADUATE TRAINING 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 Program Director of each postgraduate training program in which I participated. This is authorization to release any information in your files of record, favorable or otherwise, DIRECTLY to the ARIZONA BOARD OF OSTEOPATHIC EXAMINERS, 9535 E. Doubletree Ranch Rd, Scottsdale, AZ 85258, by mail or fax (480-657-7715).

Applicant Name: _____, D.O.

Signature _____ Date (Month/Day/Year) _____

THIS SECTION TO BE FILLED OUT BY PROGRAM DIRECTOR

Important – Program Participation: 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. Report internships, residencies and fellowships separately. TO MAINTAIN INTEGRITY OF PRIMARY SOURCE VERIFICATION SEND COMPLETED ORIGINAL DIRECTLY TO THE AZ BOARD OF OSTEOPATHIC EXAMINERS at the address in the letterhead.

PGYear: _____ DEPARTMENT/SPECIALTY: _____
Internship
Residency From: _____/_____/_____ To: _____/_____/_____
Fellowship
Research Successfully completed? _____ Yes _____ No _____ In Progress

PGYear: _____ DEPARTMENT/SPECIALTY: _____
Internship
Residency From: _____/_____/_____ To: _____/_____/_____
Fellowship
Research Successfully completed? _____ Yes _____ No _____ In Progress

PGYear: _____ DEPARTMENT/SPECIALTY: _____
Internship
Residency From: _____/_____/_____ To: _____/_____/_____
Fellowship
Research Successfully completed? _____ Yes _____ No _____ In Progress

Circle the correct response to the question below:

This program was approved for postgraduate training during that period by: AOA ACGME DUAL

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

Did this individual ever take a leave of absence or break from their training? Yes No

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.

Signed: _____ (SEAL OF TRAINING PROGRAM)

Name Typed or Printed: _____ (If no seal, please indicate)

Title: _____ Date _____

Full Name of Hospital or Program: _____

Address: _____ Phone No.: _____

City/State/Zip: _____ Fax No.: _____

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



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

Form No. 3: 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** where I have been employed for evaluation of my professional record, mental and physical capabilities during the five 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, by mail or fax (480-657-7715).

Applicant Name: _____, D.O.

Signature _____

Date (Month/Day/Year) _____

THIS SECTION TO BE FILLED OUT BY FACILITY OFFICIAL

This is to certify that _____, D.O.,

held/holds the following position: _____

Dates: From: _____ To: _____
Month/Day/Year Month/Day/Year

Comments, if any: _____

Employer/Facility: _____

Address _____
Number and Street City State Zip

Telephone Number: _____ Fax Number: _____

Name of Official (typed or printed): _____ Title: _____

Signature: _____ Date: _____

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

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 (PIMI 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