



REQUEST FOR WAIVER OF CME REQUIREMENT

Physician Name: _____ AZ Lic # _____

Daytime Phone #: _____ Email : _____

A. How many hours of AOA approved Category 1-A CME hours have you already taken to meet the yearly 20-hour requirement? (2010) _____ (2011) _____

PLEASE NOTE: You are required to send copies of your Certificates of Completion with this form

B. How many hours of ACCME approved Category 1 CME hours have you already taken to meet the yearly 20-hour requirement? (2010) _____ (2011) _____

PLEASE NOTE: You are required to send copies of your Certificates of Completion with this form

C. As allowed by ARS § 32-1825 (C), I hereby request a waiver from completing the 20 hours yearly of CME required for the renewal of my license, for the reason(s) checked below, and have attached the listed documentation, as required by the Board’s rules (AAC R4-22-109).

Disability: Attach letter from your treating physician stating nature of disability and impact on your ability to practice medicine safely.

Military service: Attach letter from commanding officer verifying type of service (administrative or clinical practice of medicine).

Absence from the United States: Attach photocopy of passport showing dates of exit, and, if applicable, date of reentry.

Other circumstances beyond your control. Attach letter stating the nature of circumstances explaining why it is/was beyond your control to obtain the required CME on time or during an extension period. Attach any supporting documentation warranted.

1. The Executive Director will decide on your request within 10 working days. The written response will be sent to you at the mailing address you have on file with the Board.
2. Filing this Request for Waiver does NOT exempt you from having to pay penalty fees, in addition to the renewal fee, if your renewal application is submitted after January 31, 2012.
3. **You must submit your renewal application form, renewal fee (and penalty fee if needed), completed CME and the approved waiver before April 30, 2012.**
4. If you do not complete your renewal (see #3), your license will expire at midnight, April 30, 2012, and you shall no longer practice in AZ until you re-apply as a new applicant and are issued a new license number.

In submitting and signing this form, I am requesting a waiver of the CME requirement for my 2012-2013 AZ license renewal. I attest that I have read and understand the above requirements for obtaining a waiver and renewing my license if/when my waiver request is approved.

Physician Signature: _____ Date signed: _____