

ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY

9535 E. Doubletree Ranch Road, Scottsdale AZ 85258
PH: 480-657-7703 | FX: 480 657-7715 | www.azdo.gov

Request for Extension of Time to Comply with CME Requirement

Renewals will not be accepted until the CME Requirement is completed

Physician's Name; _____ License Number _____

Practice Name: _____

Street Address: _____ City: _____ State _____ Zip _____

Telephone number: _____ Facsimile number: _____

If this is a change from the address you currently have on file, check here: _____

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| <ol style="list-style-type: none"> 1. Number of AOA approved Category 1-A CME hours you have already taken to meet the yearly 20-hour requirement: in 2008 _____ in 2009 _____ 2. Number of ACCME approved Category 1 hours you have already taken to meet the yearly 20-hour requirement: in 2008 _____ in 2009 _____ 3. Attach to this form the brochure or description of the AOA approved Category 1-A course(s) and ACME approved Category 1 course(s) you will take between January 1, 2010 and May 1, 2010 to obtain the rest of the CME hours needed. |
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In submitting and signing this form, I attest that I understand the following:

1. The approval of the extension if submitted by January 31, 2010 means I do NOT have to pay the penalty fee, as long as I complete my CME and submit my renewal on or before May 1, 2010.
2. I can count the CME hours I take during this extension on only ONE renewal cycle. The hours I apply to 2008 and/or 2009 cannot also be applied to 2010 and 2011 requirement.
3. **I must submit my renewal application form, renewal fee, and documentation of all CME courses AFTER I have completed the courses during the extension period, and BEFORE May 1, 2010.**
4. If I do not complete my renewal (see #3), my license will lapse on May 1, 2010, and I shall no longer practice in Arizona until I re-apply as a new applicant and am approved for a new license.

Signature _____
License holder must sign the form

Date signed _____