

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 Waiver (Exemption) of CME Requirement

Name: _____ AZ 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: _____

1. How many hours of AOA approved Category 1-A CME hours have you already taken to meet the yearly 20-hour requirement? (2008) _____ (2009) _____

2. How many hours of ACCME approved Category 1 CME hours have you already taken to meet the yearly 20-hour requirement? (2008) _____ (2009) _____

3. 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.

In submitting this request, I attest that I understand the following:

1. The Board may need to vote on my request at a meeting. Therefore, the staff needs to RECEIVE this form and the supporting documentation at least 72 hours before a meeting, to put it on the agenda.
2. Filing this Request for Waiver does NOT exempt me from having to pay penalty fees, in addition to the renewal fee, if my renewal application is submitted after February 2, 2010.
3. **I must submit my renewal application form, renewal fee (and penalty fee if needed), completed CME AND the approved waiver 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 AZ until I re-apply as a new applicant and am issued a new license number.

Signature _____ Date signed _____