



ARIZONA BOARD OF OSTEOPATHIC EXAMINERS
 9535 E. Doubletree Ranch Road | Scottsdale, AZ 85258
 PH: 480-657-7703 | FX: 480-657-7715
 questions@azdo.gov | www.azdo.gov

ARIZONA D.O. LICENSE VERIFICATION FORM

Please complete the top portion ONLY of this form to request a license verification (sometimes called a letter of good standing) be sent to another regulatory board or other organization.

_____, D.O. _____
 Licensee Name (please print clearly) License Number

 Address City State Zip

Signature: _____ Date: _____

Type of License to Be Verified: D.O. License D.O. Postgraduate Training Permit D.O. Locum Tenens

Name of Regulatory Board/Organization to which the Verification is to be sent: _____

If verification is to be sent to *other than* a state licensing board, please provide a complete address:

 Address City State Zip

Please mail or fax this license verification request to the address/fax number in the letterhead.

NOTE: THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IS NOT RESPONSIBLE FOR VERIFICATIONS THAT HAVE BEEN PROCESSED AND SENT, BUT NOT RECEIVED BY THE INTENDED RECIPIENT.

BOARD COMPLETES THE FOLLOWING INFORMATION

Licensee Name: _____ License/Permit No. _____

Initial Licensure Date: _____ Expiration Date: _____ Current Status: Active Expired

<p>Disciplinary Actions: Permanently part of the public record</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Administrative Warning</td> <td style="width: 30%;">Yes _____</td> <td style="width: 30%;">No _____</td> </tr> <tr> <td>Decree of Censure</td> <td>Yes _____</td> <td>No _____</td> </tr> <tr> <td>Probation</td> <td>Yes _____</td> <td>No _____</td> </tr> <tr> <td>Suspension</td> <td>Yes _____</td> <td>No _____</td> </tr> <tr> <td>Revocation/ Surrender</td> <td>Yes _____</td> <td>No _____</td> </tr> <tr> <td>Civil Penalty/Other</td> <td>Yes _____</td> <td>No _____</td> </tr> </table>	Administrative Warning	Yes _____	No _____	Decree of Censure	Yes _____	No _____	Probation	Yes _____	No _____	Suspension	Yes _____	No _____	Revocation/ Surrender	Yes _____	No _____	Civil Penalty/Other	Yes _____	No _____	<p>Non-Disciplinary Actions: These remain public record for five (5) years</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Letter of Concern</td> <td style="width: 30%;">Yes _____</td> <td style="width: 30%;">No _____</td> </tr> <tr> <td>Continuing Medical Education</td> <td>Yes _____</td> <td>No _____</td> </tr> <tr> <td>Complaints Dismissed</td> <td>Yes _____</td> <td>No _____</td> </tr> </table>	Letter of Concern	Yes _____	No _____	Continuing Medical Education	Yes _____	No _____	Complaints Dismissed	Yes _____	No _____
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The public reporting of any action listed above is governed by A.R.S. § 32-3209 and 32-1803 (A)(8). If an action is reported, the documentation attached is a true and correct copy of the document on file at the Arizona Board of Osteopathic Examiners in Medicine & Surgery. This form is in compliance with Arizona statutes regarding verification of licensees and contains public information legally allowed to be provided regarding a physician's disciplinary history.

 Signature/Title Date

(seal)