

# 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](http://www.azdo.gov).***

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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 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.
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 needed).
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.

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