



RETIRED STATUS AFFIDAVIT

There is no fee to request a Retired Status

Physician's Name _____ **AZ License Number:** _____

A.R.S. § 32-1832(A) requires a licensee to apply for a Retired Status by notarized affidavit.

In accordance with A.R.S. § 41-1030 The Board is required to notify you of the following:

- B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.
- F. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

SECTION 1. ATTESTATION Place a check or initial next to each statement below.

- _____ I am permanently retired from the practice of osteopathic medicine.
- _____ I have no pending complaints or open disciplinary matters before the Board.
- _____ I understand except for volunteering ten (10) hours each week or teaching/providing instruction at an approved school of osteopathic medicine, if I engage in the practice of osteopathic medicine, I am subject to the same penalties that are imposed on a person who practices medicine without a license or without being exempt from licensure.
- _____ I understand I am required to renew the Retired Status biennially, and renewal fees and CME requirements are waived.

SECTION 2: ADDRESS OF RECORD Please update your contact information below. The address and phone number you provide below will become your address of record and will be public record.

Street Address / P.O. Box: _____
City, State, Zip: _____
Phone Number: _____
Cell Number: _____
Email Address: _____

Your email address is confidential.

SECTION 3: NOTARIZATION

_____, D.O. _____
 Signature of Applicant Date Signed

State of _____)
 County of _____)

On this ____ day of _____, 20____ before me personally appeared _____ (applicant), known to me or whose identity is proved to me by satisfactory evidence to be the person who he/she claims to be and who swore or affirmed before me that the information in this application is true, complete and correct.

Notary Public: _____

My commission expires: _____

SEAL