



Arizona Board of Osteopathic Examiners In Medicine and Surgery

1740 W. Adams Street, Suite 2410, Phoenix, Arizona, 85007

Ph : 480-657-7703 | Fx: 480-657-7715 | www.azdo.gov | questions@azdo.gov

LICENSE APPLICATION INSTRUCTIONS

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.

The following information and documents are required to complete your application.

Should you have questions, please contact the Licensing Division at 602-771-2525.

1. **Definitions of Frequently Used Words**

APPLICATION: When we refer to the “application”, we mean the four page application form. Other pages before and after the application in this PDF are for you to use if you need them. Please make certain you append the appropriate forms to the application as needed along with your supporting documents.

APPLICATION PACKET: When we use this term and refer to it as “your application packet”, we mean all the completed forms, additional sheets and supporting documents you are required to send to the Board to complete your application.

2. **Application Fee:** The \$450 application fee can be paid by Visa, MasterCard, American Express, check or money order. This fee is for processing the application only and is non-refundable. ***Do not send the application fee ahead of your application.*** We cannot hold checks or credit card payment forms. Checks will be voided and returned to the sender and credit card payment forms will be shredded if the payment is not accompanied by the application.
3. **Fingerprint Fee:** All license applicants are required to undergo fingerprinting. The Fingerprinting Fee is included in the Application Fee. For more information regarding this, please see “Fingerprinting Required” on page iii.
4. **Photograph:** A color passport-type photograph, **approximately 2” x 2”** of you (head and shoulders) taken within the past 60 days, must be affixed to your application. We prefer you use transparent tape around the edges because your application packet will be scanned. This photo does not have to be an actual passport photo.
5. **Contact Information:** The applicant’s contact information is required in Section 1 of the application. Home address, cell phone number, email address, date of birth and social security number are confidential. A valid email address is essential. The administrative completeness/deficiencies letter and most communication from the licensing division are via email. Incomplete or incorrect contact information will delay the processing of your application. If you wish to designate another individual or entity as an alternate contact, provide their contact information on page 2, Section 2.
6. **Identification:** A copy of a current government issued identification showing the same name used on the application. A driver’s license, US passport or military ID are examples of acceptable identification.
7. **Citizenship Status:** You are required to submit a completed and signed two-page Arizona Statement of Citizenship and Alien Status Form. You are also required to submit a copy of acceptable documentation demonstrating your citizenship, alien status, legal residency or lawful presence in the United States. Accepted forms of identification are included on a list attached to the Citizenship form.
8. **Diploma:** A copy of your diploma from an approved College of Osteopathic Medicine (COM) showing the date of

graduation must be submitted with your application. This is in addition to the verification form you are required to send to your COM (see item 17). You may use your transcript in lieu of a copy of your osteopathic diploma.

9. **Internship Certificate:** You are not qualified to be licensed in Arizona until you have successfully completed one year of postgraduate training. A copy of your internship certificate or official letter showing completion of an internship or first year of residency (PGY-1) must be submitted with your application. This is in addition to the verification form you are required to send to your postgraduate training (PGT) facility. If your PGY-1 year was the first year of your residency and your program did not issue a PGY-1 certificate or letter, please let us know.
10. **Residency and Fellowship Certificate(s):** Copies of your residency and fellowship certificate(s) or official letter(s) showing completion of any postgraduate training for PGY-2 and beyond, if applicable, must be submitted with your application. This is in addition to the verification form you are required to send to your postgraduate training facility or facilities. These may be digital photos of your framed certificates sent via email.
11. **COMLEX Scores:** An official transcript of your COMLEX or USMLE examination scores is required. The transcript must be on official letterhead and be mailed to us by the testing organization. Originals or copies sent from the applicant are not acceptable. This transcript can be ordered from your testing organization. You are responsible for all associated fees. FCVS is the only trusted secondary source we will accept.
12. **Employment/Practice Experience:** In Section 8 of the application, list all health care facilities, clinics, urgent cares, offices, etc. at which you practiced medicine, consulted medicine or had staff privileges since completion of postgraduate training. This also includes employers and private practice, and facilities at which you did not “use” your privileges, past and present, but does not include facilities at which you were doing PGT rotations. You must account for all years since postgraduate training was completed. Please use a separate blank sheet of paper (not a copy of an application page) as needed. Type the ‘overflow’ information that does not fit in the application on one or more separate blank sheets of paper and include them with the other supporting documents. If this information is in your CV, you may write “see CV” in the table and include your CV with your application. Please note: While we need a list of your entire employment and practice experience since initial licensure, you only need to provide verification of the last **seven (7) years** of that experience to the Board. See “Verifications” for more information.
13. **Specialty Board Certification:** Copies of ABMS or AOA-BOS Board certification(s), if applicable, should be submitted with your application.
14. **Professional Conduct History “YES” Answers:** If you answered *Yes* to any question in Section 9 (Professional Conduct History) or Section 10 (Professional Conduct History-Confidential Questionnaire), you must provide a written explanation on a separate blank sheet of paper and include it and any documents that confirm your explanation.
15. **Medical Malpractice:** If you have had a malpractice suit that resulted in an award or settlement to the plaintiff on your behalf, or you have been notified that a suit or settlement is pending and/or was investigated by another state licensing board, complete a Malpractice Claim/Suit Questionnaire for each instance. Writing “See Attached” on the questionnaire does not meet requirements. Include this form in your application with your written explanation, a copy of the complaint, settlement, and associated Board action, if any. Do not send the NPDB Report in lieu of your written explanation or required documentation. If copies of the complaint and settlement are no longer available, please send a letter from the insurance company or the court stating the records no longer exist.
16. **Change of Name:** Copies of legal documentation showing change of name, if applicable, must be submitted with your application. This includes change of name as a result of marriage, divorce or other legal means. Please note, if the name on your ID and the name on the other documents in your application packet do not match, you must explain the discrepancy if it is not self-explanatory by a marriage certificate, etc. You also need to fill in the line that asks for “other names used” on the first page of the application.

- 17. Notarization:** Your application must be properly notarized. The notarization is a *Jurat* and Arizona law requires a document with this type of notarization have NO blank spaces on any page of the document. With a *Jurat*, you are not only having your signature notarized, you are also being placed under oath by the notary and affirming that everything in the application packet is true and correct. If a section or field does not apply to you, write N/A across the table in that section. Do not leave any blank sections. Faxed applications are not accepted.
- 18. Original Application Required:** Your original notarized application must be sent by regular mail or via a delivery service. We do not accept copies, faxes or scans of the application.
- 19. Fingerprinting Required:** As of September 1, 2017, all initial license applicants are required to undergo a fingerprinting per A.R.S. § 32-1822(A)(9).
It is the applicants responsibility to obtain the required FD-258 fingerprint card, the instructions for the fingerprint process begin on page 8 of the Application.
The fingerprint technician is required to fill out and date the identity verification form, place the identity verification form and the completed fingerprint card into an envelope, and seal the envelope closed. Once the envelope is sealed, the technician will return the envelope to the applicant. They applicant must mail or deliver the sealed envelope to the Board office with their application.
Failure to return the sealed envelope with the fingerprint card and identity verification form enclosed will result in a delay in processing your application. If you have further questions, please review the Fingerprinting FAQ on the website.
- 20. Verifications – Education, Training and Practice Experience:** Verification of your professional (medical) education, training and last seven (7) years of practice experience (practice history) are required. Please request your medical school to send your transcripts DIRECTLY to the Board. We accept verifications by email or mail from the verifying entities. *Verification is only accepted if it is completed and sent directly from the verifying entity to the Board. Please request Form 2 to be filled out by all Post Graduate programs and sent back to the Board directly from them via Mail or Email. Additionally include a CV of your education and past 7 years of medical employment/ training.*

FCVS: FCVS is not required. However, FCVS is accepted to fulfill the requirement for verification of your medical education, postgraduate training and medical licensing exams. FCVS is not recognized as primary source verification for state licensure and disciplinary history.

Private Practice Verification: You cannot self-verify your private practice. Please have a third party professionally connected to your practice who is able to provide the information requested on the form complete Form 3 and submit it directly to the Board.

Verifications - Things to Remember

- DO NOT have the original Verification Form No. 2 or Medical School Transcripts sent to you.
- DO NOT fill these out yourself below the line that says “to be filled out by”
- DO NOT include signed original verifications in your application packet. We cannot accept verifications received from the applicant.
- DO NOT use self-addressed stamped envelopes. Verifications received by mail must have the entity’s return address on the envelope. If your name and address are on the envelope, the verification will not be accepted and you will need to re-request verification from this entity.

- 21. Verification of State Licensure and Disciplinary History:** Verification of licensure and disciplinary history from each state in which you are or have been licensed regardless of status is required. If no actions have been taken against your license(s), the verifications must state this. You are required to contact each state and have the verification sent directly to the Board per that state’s established method and process. You are responsible for any

associated fees. DO NOT send copies of your license certificates, wallet cards or online profiles as these do not meet verification requirements.

Any supporting documents that arrive at the Board office prior to your application will be filed for one (1) year. These will be matched up with your application when it arrives. If the delay is lengthy, verifications for current PGT programs, state licenses and practice experience may need to be re-verified.

- 22. Application Approval and Issuance of License:** For more details, see the Application Processing Overview page of the license application. Approval of your application means you may request issuance of your license within 90 days. If your application is approved, you will receive an approval letter accompanied by the Request for Issuance of License form by email and regular mail. You must submit this one-page form before your license certificate will be mailed. Your license effective date will be the same date you receive the issuance email.
- 23. Fee Waiver:** For those first-time applicants with family income at least 200% below federal poverty level seeking the fee waiver per Arizona Revised Statute (A.R.S.) § 41-1080, please draft a written request and email it to Questions@azdo.gov.

If you have any questions, please read the FAQ on our website at www.azdo.gov > FOR DOs > Applications > Initial License FAQ

If the FAQ does not answer your question, please feel free to contact us:

questions@azdo.gov

Main Phone Line: 480-657-7703

Licensing Division: 602-771-2525

FAX: 480-657-7715

DUE TO THE HIGH VOLUME OF APPLICATIONS, PLEASE ALLOW 30 DAYS BEFORE CONTACTING THE OFFICE FOR AN UPDATE ON THE STATUS OF YOUR APPLICATION