

**ARIZONA STATEMENT OF CITIZENSHIP
AND ALIEN STATUS FOR STATE PUBLIC BENEFITS**

Professional License and Permit

Arizona Board of Osteopathic Examiners in Medicine & Surgery

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I – APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____

TYPE OF APPLICATION (Check one) INITIAL APPLICATION RENEWAL

TYPE OF LICENSE/PERMIT (Check one) DO PGT Locum Tenens

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? Yes No

If **Yes**, indicate place of birth:

City _____ State (or equivalent) _____ Country or Territory _____

If you answered **Yes**, 1) Attach a legible copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status or Alien Status" page.
Name of document _____

2) Go to Section IV.

If you answered **No**, you must complete Section III and IV.

SECTION III – ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status or Alien Status". Name of document provided _____.

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1),-1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect (Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*);
- 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

SECTION IV - DECLARATION

All applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

TODAY'S DATE

Completed two-page form may be faxed to Board office at 480-657-7715

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS OR ALIEN STATUS

You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name. If proof of legal status does not include a photo, a copy of a current government issued photo ID such as a driver's license or US passport is required.

Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. ***Passport must be signed***
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or Bureau of Indian Affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.



**ARIZONA BOARD OF OSTEOPATHIC EXAMINERS
 INSTRUCTIONS FOR SUBMITTING A FINGERPRINT CARD**

1. GENERAL INFORMATION

All initial applicants are required to undergo a background check in accordance with A.R.S. § 32-1822 (A) (9). A clearance card issued by DPS or any recent fingerprinting report does with another agency will not be accepted. If the Fingerprint Card and Fingerprint Verification Form are not submitted correctly, they will not be accepted. Fingerprints must be submitted on a standard FD-258 Card. However, a digitally printed fingerprint card on Form FD-258 is acceptable. **RETURN the completed and signed fingerprint card and identity verification form together** to the Board in a sealed envelope. Please make sure they are both signed by you and the fingerprint technician. **There are no exceptions to any of the requirements for fingerprinting or the background check.**

2. HOW TO COMPLETE THE FINGERPRINT CARD

- Type or print legibly, in **Black ink or dark Blue ink**, in the following blocks and use the abbreviations listed below for the physical description items:

NAME	Enter your full name (Last Name, First Name, Middle Name)
SIGNATURE	Be sure to sign in the Signature of Person Fingerprinted block.
RESIDENCE	Enter your current physical residence address.
ALIASES/AKA	Enter any aliases used, including maiden name or previous married names.
DATE OF BIRTH (DOB)	Use the format: MM/DD/YYYY
CITIZENSHIP	Enter the name of the Country of your established Citizenship.
SSN	Your Social Security Number: XXX-XX-XXXX
SEX	F = Female M = Male
RACE	A = Asian/Pacific Islander I = American Indian/Alaskan Indian B = Black W = White or Hispanic U = Unknown
HEIGHT (HGT)	Enter in feet and inches. Do not use fractions of an inch; round off to the nearest inch. EX: 5' 9" enter 509. DO NOT USE METRIC SYSTEM.
WEIGHT (WGT)	Enter the weight in pounds as a whole number. DO NOT USE METRIC SYSTEM.
EYE COLOR	BLK = Black BRO = Brown GRN = Green MAR = Maroon PNK = Pink BLU = Blue GRY = Gray HAZ = Hazel MUL = Multicolored XXX = Unknown
HAIR COLOR	BLK = Black BRO = Brown SDY = Sandy GRY = Gray PNK = Pink BLU = Blue BLN = Blonde or Strawberry WHI = White RED = Red or Auburn PLE = Purple ONG = Orange XXX = Unknown or completely bald
PLACE OF BIRTH (POB)	Enter the two-letter state abbreviation <i>OR</i> spell out a foreign country.

- Stay within the blocks – DO NOT OVERLAP THE BLUE LINES.
- The name on the card must be identical to the name on the application (use your legal name).
- No staples anywhere on the card.
- Do not fold the fingerprint card before or after completion.
- DO not enter data within the blocks marked “Your No. OCA”, “ORI” or “Miscellaneous NO. MNU”. Those areas are for Board use when submitting your fingerprint card.

- Please do not use highlighter anywhere on the card. The Department of Public Safety will not process fingerprint cards with highlighted areas.
- If you have any questions about the fingerprinting process please contact the Board office for assistance.
- ***Do not send the fingerprint card before your initial application. Your fingerprint card will only be processed if it comes with or after your license application.***

3. PROCESSING TIME

Processing of the fingerprint card takes approximately 3-6 weeks. However, the FBI has 120 days to complete their portion of the background check. This process cannot be expedited for any reason. The Board will not consider for approval your application for licensure until your application is complete including your background check is received. Delays may occur if the above instructions are not followed. Delays may also occur if the fingerprint card is returned by DPS/FBI because the "FINGERPRINTS ARE NOT LEGIBLE". A new fingerprint packet may need to be completed. No permanent license will be issued until both state and federal criminal history clearance has been completed.

4. WHERE DO I OBTAIN FINGERPRINTING SERVICES?

At a local law enforcement agency, sheriff's office, mobile fingerprinting service or a business that provides fingerprinting service. **The service provider will need to supply you with an FD-258 Fingerprint Card, the Board does NOT supply the card.** Your identity must be verified with a valid, unexpired government-issued photo ID. It is the responsibility of the applicants to make sure that the fingerprint technician follows all the instructions on the Fingerprint Verification Form. **Fingerprint Cards and Fingerprint Verification forms must be submitted correctly or they will not be accepted.**

CRIMINAL HISTORY RECORD INFORMATION NOTIFICATION AND DISCLOSURE

By submitting your fingerprints to the Board you are attesting that you have read and understand this information.

Notification

A.R.S. § 32-1822 (A) (9) authorizes the Board to require all applicants to submit a full set of fingerprints for the purpose of obtaining a state and federal criminal records check pursuant to section 41-1750 and Public Law 92-544. Fingerprints submitted will be used to check the criminal history records maintained by the Federal Bureau of Investigation and the Arizona Department of Public Safety. The criminal justice information received by this agency will be used solely for the purpose of determining your eligibility for licensure and may not be disseminated outside of this agency. The Board cannot provide you with a copy of your criminal history record.

If you feel that your criminal history record is inaccurate or incomplete, you are able to complete or challenge the accuracy of the information in the record and this Board will afford you a reasonable amount of time to correct or complete the record should you wish to do so.

Obtaining a Copy for Changes, Corrections or Updates

The procedures for obtaining a copy of an FBI criminal history record (for changes, corrections or updates) are set forth in Title 28 Code of Federal Regulations §16.30 - 16.34. Information is available on the FBI website: <https://www.fbi.gov/services/cjis/identity-history-summary-checks> OR call (304) 625-5590.

To obtain a copy of your Arizona criminal history, per A.A.C. R13-1-08, (in order to review, update or make corrections to the record) contact the Arizona Department of Public Safety by calling (602) 223-2222. Information is available on the DPS website: www.azdps.gov.

WHY FINGERPRINT CARDS ARE REJECTED

1. There is highlighter on the fingerprint image blocks (the scanners cannot read the information).
2. The fingerprint image bleeds on the blue line or overlaps the borders of that block (scanners cannot read the entire image).
3. There are more than two tabs per fingerprint impression block.
4. There is writing in the fingerprint blocks. **ONLY EXCEPTION:** amputation (amp).
5. Staples are anywhere on the card.
6. Any fingerprint image is obscured.
7. "Best Prints Possible" stamp is on the card.
8. Prints are not straight up and down on the card.
9. Cards have been folded or bent.
10. There is any indication that the returned, sealed envelope with the completed fingerprint card and identity verification form, has been opened or tampered with.
11. The Identity Verification Form is not included or properly completed.

INSTRUCTIONS FOR FINGERPRINT TECHNICIAN

- 1) Please fill out or ensure that the applicant has filled out the required blocks on the fingerprint card prior to take the applicants' fingerprints.
- 2) Verify identification of individual with a **valid, unexpired government-issued photo ID**.
- 3) Fill out the Identity Verification Form.
- 4) Stay within the blocks – **DO NOT OVERLAP THE BLUE LINES**.
- 5) Do not use more than two (2) retabs per fingerprint impression block.
- 6) Ensure notations are made for any missing fingerprint impression (i.e. amputation).
- 7) Date and Sign your name on the fingerprint card (third block down on the left).

8) Place the completed fingerprint card and this signed identity verification form in the return envelope and seal immediately before returning it to the individual.

IDENTITY VERIFICATION FORM

Name of Individual: _____
(Print – Last Name, First Name)

Fingerprinting was performed at or by (name of fingerprinting facility) _____.

I, (fingerprint technician's printed name) _____ have
verified the identity of the individual through a government-issued photo ID.

Type of ID provided (check one):

_____ Driver License/MVD Issued ID _____ Passport

_____ Other (please specify) _____

I, the undersigned, do attest that the above information as well as the information provide on the fingerprint card is correct bases upon the verification of a valid, unexpired, government issued photo ID and confirm that the applicant was fingerprinted on the included card.

Date: _____

Signature of Fingerprinting Technician



Arizona Board of Osteopathic Examiners In Medicine and Surgery

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

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

Form No. 2: VERIFICATION OF POSTGRADUATE TRAINING

FOR APPLICANT: Make as many copies as needed. Mail or fax this form to the program director of each Postgraduate Training (PGT) program in which you participated regardless of completion. This completed form is a requirement of licensure in Arizona. Your signature below is authorization to release any information about you in your PGT program's files of record, favorable or otherwise DIRECTLY to the Arizona Board of Osteopathic Examiners in Medicine and Surgery.

Applicant Name: _____, D.O.

Signature _____ Date (Month/Day/Year) _____

THIS SECTION TO BE COMPLETED BY PROGRAM DIRECTOR

FOR PGT PROGRAM DIRECTOR: The above named individual has applied for licensure in Arizona and has stated that he/she has participated in a PGT program at your facility. He/she is required to submit this form to you for completion. Therefore, please complete this form and return it to our office at the address above.

1. Important - Program Participation: Please report internships, residencies and fellowships separately. Please report incomplete postgraduate years (PGY) separately from those successfully completed. If the postgraduate year is currently in progress, report the expected completion date in the "To" field.

PG Year(s): _____ DEPARTMENT/SPECIALTY: _____
Internship Residency Fellowship
From: _____ To: _____
Successfully completed? Yes No In Progress

PG Year(s): _____ DEPARTMENT/SPECIALTY: _____
Internship Residency Fellowship
From: _____ To: _____
Successfully completed? Yes No In Progress

PG Year(s): _____ DEPARTMENT/SPECIALTY: _____
Internship Residency Fellowship
From: _____ To: _____
Successfully completed? Yes No In Progress

2. The following questions apply to the PGT years stated above. Please check the appropriate response.

- a. This program was approved for postgraduate training during this individual's attendance by: AOA ACGME DUAL
b. Did this individual ever take a leave of absence or deferment/break from his/her training? Yes No
c. Was this individual disciplined and/or placed under investigation or on probation? Yes No
d. Did this individual participate in a confidential or public diversion program for substance abuse monitoring? Yes No

Please explain below any "Yes" response(s) to the questions above. Use a separate blank sheet of paper if more room is necessary.

3. COMMENTS: _____

Signature: _____ Date: _____

Name Typed or Printed: _____ Title: _____

Full name of Program or Hospital: _____

Address: _____ Phone No.: _____

City/State/Zip: _____ Fax No.: _____

Contact person, if different from above: _____ Email: _____

**Arizona Board of Osteopathic Examiners License Application
MALPRACTICE CLAIM / SUIT QUESTIONNAIRE**

Complete the information below for each instance of any award, settlement or payment of any kind either made by you or on your behalf to resolve a civil suit or malpractice claim involving your practice even if it was not required to be reported to the National Practitioners Data Bank; OR if you have been notified that any such suit or claim is pending. Duplicate this form as necessary and use as a cover sheet with all supporting documentation required.

1. Applicant's name: _____

2. Name of patient: _____
Last name First name Middle name/initial

3. Date of occurrence: _____

4. Location of occurrence: _____
Name of hospital / office / clinic City / State

5. Current status of suit/claim: Pending Settled

If settled, was it settled: in court out of court Date of settlement: ____ / ____ / ____

6. Total Amount of Settlement / Award \$ _____ Amount attributable to you \$ _____

7. Name of your insurance company: _____

8. Has this case been investigated or reviewed by any state board? No Yes Pending

If Yes or Pending, name of Licensing Board: _____

What was the outcome? Please include a copy of the Licensing Board's final disposition:

9. On a separate sheet of paper, in your own words, **describe the claim / suit** and your involvement. Attaching the NPDB description is not an acceptable response.

10. **Attach the following documents to this form.** Your application will not be decided upon until the following attachments have been received:
- a. plaintiff's complaint or claim to insurer;
 - b. settlement agreement, court order or dismissal letter (if case has concluded) and
 - c. Board resolution after investigation of case (if case has concluded).

Signature of applicant

Date signed

Completed form and documentation may be faxed to Board office at 480-657-7715

Application Processing Overview

YOU HAVE SUBMITTED YOUR APPLICATION, WHAT HAPPENS NEXT?

EMAIL ACKNOWLEDGEMENT: When Board staff has received your application packet, you will be sent an email acknowledging receipt. If you do not provide an email address, no acknowledgment will be sent. This acknowledgment does not mean that all required documents have been received.

FINGERPRINT PACKET: As of September 1, 2017, initial license applicants are required to undergo fingerprinting per A.R.S. § 32-1822(A)(9). The instructions for fingerprinting are included in this application packet. Follow the instructions in the fingerprint packet to avoid delays or having to repeat submission of your fingerprints. Your application will remain administratively incomplete until all required documentation has been received including fingerprint processing. The Board no longer sends fingerprint cards, the applicant must submit a completed set of fingerprints and the signed form with their application.

ADMINISTRATIVE COMPLETENESS/DEFICIENCY LETTER: Within 30 days after sending the acknowledgment email, staff will mail a letter to you listing the missing or incomplete information needed to complete your application. This will include the date we received your license application. Your application remains open for 360 days from this date. If all required documents and verifications are not received within 360 days, your application will expire. The fee is non-refundable.

ADMINISTRATIVELY COMPLETE: After everything in the License Application Checklist has been received, the Board staff will independently obtain the following:

1. National Practitioner Data Bank report
2. Federation of State Medical Board's Practitioner Profile

At this point your application is administratively complete and moves to substantive review.

SUBSTANTIVE REVIEW: This stage of the application process is the evaluation of all answers, documents and verifications collected, and the decision whether they demonstrate you are qualified for licensure in Arizona. This process is conducted by the Executive Director and may take 1 – 90 days. You may be required to appear before the Board at a regularly scheduled Board meeting for a decision on your application.

ISSUANCE OF LICENSE: If at the conclusion of the substantive review your license is approved, you will receive a letter of congratulations and an invitation to request issuance your license. At this point your license is approved but has not been issued and you cannot yet practice medicine in Arizona.

Enclosed with the approval letter is the **Request for Issuance of License** form. To have your Arizona license activated, please complete this form, sign and date it and submit it with the license issuance fee. We will accept scanned or faxed copies of this form if accompanied by the credit card payment form included with the letter or you can submit the form and fee by check or money order via mail or delivery service.

You have 90 days from the approval date to accept and pay for your license. We cannot accept issuance requests in advance. There is a prorated fee table on the issuance form. Your credit card will be charged the applicable month's fee for the date the license is issued. Your license effective date will be the date we receive your issuance request form and fee.

You can check on the status of your license after it is issued by going to www.azdo.gov > Doctor Search and performing a license search on your last name. Your web profile only appears after the license is issued and will be your proof of licensure.

MAINTAINING YOUR LICENSE: Your initial license will be valid until the end of the calendar year in which it is issued. Please see the License Renewal and CME FAQ on our website at www.azdo.gov for more information regarding maintaining and renewing your Arizona license.

Arizona Revised Statutes and Rules for osteopathic licensure can be found on our website at www.azdo.gov > Statute and Rules. As a licensed physician you will be subject to all state and local laws and regulations pertaining to public health and subject to all the same duties and obligations and authorized to exercise all the same rights and privileges possessed by physicians and surgeons of other complete schools of medicine in the practice of their profession per A.R.S. § 32-1852.

ASU SURVEY

The Arizona State University Center for Health Information and Research with the Arizona Board of Medicine and the Arizona Board of Osteopathic Examiners in Medicine and Surgery conducts this survey to gather information on the factors that influence physicians to practice in Arizona. **Your participation is voluntary and your responses are confidential. The data is stored in a secure facility at Arizona State University and only aggregate results are published.**

Applicant Name _____, D.O.

1. I am applying for an Arizona license because (check the **most important** reason)

- | | |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Completed residency, entering practice | <input type="checkbox"/> Bought into a practice/partnership in Arizona |
| <input type="checkbox"/> Beginning fellowship in Arizona | <input type="checkbox"/> Accepted hospitalist position in Arizona |
| <input type="checkbox"/> Completing fellowship in another state | <input type="checkbox"/> Joint job change with spouse/significant other |
| <input type="checkbox"/> Federal physician transitioning to private practice | <input type="checkbox"/> Bad malpractice climate |
| <input type="checkbox"/> Transfer by corporate employer health insurer | <input type="checkbox"/> Poor reimbursement |
| <input type="checkbox"/> Locum tenens | <input type="checkbox"/> To do utilization review on Arizona patients |
| <input type="checkbox"/> To treat Arizona patients via Telemedicine | <input type="checkbox"/> Managed care penetration |
| <input type="checkbox"/> Other (Specify) _____ | |

2. I am **moving to** (city/town) _____ Arizona **from** (city/town) _____ State _____

3. How did you learn of the position that you accepted in Arizona:

- Recruited by hospital/university
- Recruited by professional acquaintances
- Through a search firm
- Through an ad in a journal/professional publication
- Through information obtained during residency/fellowship
- Other _____

4. Please select, from the following list, **up to three** of the important influences on your decision to practice in Arizona rather than in some other state.

- | | |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Family/personal ties | <input type="checkbox"/> Compensation/cost of living |
| <input type="checkbox"/> Job opportunity for spouse/significant other | <input type="checkbox"/> National Service Corp obligation |
| <input type="checkbox"/> Climate | <input type="checkbox"/> Quality and availability of emergency facilities |
| <input type="checkbox"/> Lack of positions in chosen field in other states | <input type="checkbox"/> Availability of specialists for consultation |
| <input type="checkbox"/> Quality of elementary/secondary schools | <input type="checkbox"/> Relatively low malpractice premiums |

If other important factor, specify _____

5. If your new position includes treating patients, do you plan to accept: *Medicare* Yes No *Medicaid* Yes No

6. Can you converse, without a translator, to patients who speak the following as their only language? (**Check all that apply**):

English	Spanish	French	Chinese	Vietnamese
<input type="checkbox"/>				
Arabic	Tagalog	Other:	_____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

7. Did you use electronic medical records in your last practice setting? Yes No

8. Do you expect to use electronic medical records in your new practice setting Yes No Don't Know

THANK YOU FOR TAKING THE TIME TO HELP PLAN FOR THE FUTURE PHYSICIAN WORKFORCE