

ARIZONA MEDICAL BOARD

1740 W. Adams St. Suite. 4000, Phoenix, AZ 85007-2664

MEDICAL GRADUATE TRANSIITIONAL TRAINING RENEWAL PERMIT REGISTRATION

The Board shall grant a one year renewal medical graduate transitional training permit to a graduate of an allopathic school of medicine who is not otherwise eligible to practice pursuant to Section 32-1432.02 or 32.1423.03 in this State if the Applicant meets both of the following conditions pursuant to Section 32-1432.04 (K):

- Within the year preceding the Renewal Application the Permittee submitted a valid application to at least three accredited primary care Internship or Residency programs and is not selected for an Internship or Residency position. The Permittee shall provide the board with written documentation of the Internship or Residency program applications and the nonselection's.
- 2. Within the year preceding the Renewal Application the Permittee shall provide the board with proof of completing 60 Category I Continuing Medical Education credits.

Medical Graduate Transitional Training Permits may only be renewed twice.										
First Name:		Mide	dle Initial:	Last Name:						
Current Home Address:										
City:		State:		Zip code:						
Mobile Pho	one:			Home Phone:						
Email:				Social Security Numb	oer:					
Date of Birtl	h (Month, Day, Year):		Birth City:							
State:		County:								
Please indicate if you would like to designate/authorize ONE other individual beside yourself to receive status updates on your application										
Name:		Pho	ne#		Email:					
Applicant is applying for Renewal of One Year Transitional Training Permit and submits documentation in support of the application meeting the following:										
I submitted a valid application to at least three accredited primary care Internship or Residency programs and was not selected for an Internship or Residency position. (proof of Application and Nonselection's should be included with the renewal application).										
Within the year preceding the Renewal Application I completed 60 Category I Continuing Medical Education credits. (Proof of CME credits should be included with the renewal application).										
I hereby certify I am authorized to request a MEDICAL GRADUATE TRANSIITIONAL TRAINING PERMIT BASED UPON THE REPRESENTATIONS MADE IN THIS APPLICATION WHICH I CERTIFY ARE TRUE AND ACCURATE.										
Signature:				Date:						
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PAYMENT CARD AUTHORIZATION MEDICAL GRADUATE RENEWAL TRANSITIONAL TRAINING PERMIT FEE \$50.00

Payment for:	First Name		L	ast Name						
Type of Card:	☐ Vis	a 🔲 Mas	stercard	☐ Am	nex					
Card Number:	:					Expiration Date	е			
Name as Shov	vn on Paym	ent Card:								
Billing Address (Required)	of Cardholde	Office Phone	:		City:		State:	Zip:		
Mailing Addres (If different from					City:		State:	Zip:		
Cardholder Sign (Required)	nature:				Date:					
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		this form <i>with yo</i> orm, check or mo	-	-			us. Return t	пе аррп	cation and	
		Mail to:	Arizona Medical Board 1740 W. Adams St. Ste. 4000 Phoenix, AZ 85007-2664							
For receipt, pled	ase include ar	n e-mail address fo	or submissio	n: E	-Mail Add	ress:				