

## **Arizona Medical Board** 1740 W. Adams St, Suite 4000 Phoenix, AZ 85007 Phone (480) 551-2700 www.azmd.gov

## DATA DISK REQUEST FORM POSTGRADUATE TRAINING PERMIT

The Arizona Medical Board produces a CD-ROM containing the Physician Postgraduate Training Permit database on a monthly basis. The data is provided as an EXCEL file. This data disk contains public information on Physicians including the following:

Name of Physician, License Number, License Status, License Original Issuance Date, Start Date, and License Expiration Date.

Format: (choose one)  Quantity:  x Price Per Unit: \$100.00 = Total Price:  CD-Rom  E-mail/Address:
Upon receipt of payment, the data disk will be e-mailed to the address listed above or mailed to the mailing address listed below For your convenience, in addition to direct payments by check or money order, the Board accepts Visa, MasterCard and America Express.
The Arizona Medical Board will only accept credit card payment via mail (US, FedEx, UPS, or any other mail carrier). An credit card information received via any other method will not be processed and will be destroyed.  Data disks may also be purchased and picked up at the Board's office from 8am to 5pm. (Please call ahead for expedited service.)
Type of Card:
(No dashes between numbers)  Name as Shown on Payment Card:
Billing Address of Cardholder: City: State: Zip: City:
Mailing Address of Cardholder: City: State: Zip:
Cardholder Signature: (Required)
For receipt, please include an e-mail address for submission: E-mail: