



Arizona Medical Board

1740 W. Adams St. Ste. 4000

Phoenix, AZ 85007-2664

Telephone: 480- 551-2700 Toll Free: 877-255-2212

Website: www.azmd.gov

Attention

The Education Teaching Permit may be applied for in accordance with ARS§ 32-1432.01. A physician may not apply for this permit directly.

ARS§ 32-1432.01 Education Teaching Permit

- A. The dean of a board approved school of medicine or the chairman of a teaching hospital's accredited graduate medical education program may invite a doctor of medicine who is not licensed in this state to demonstrate and perform medical procedures and surgical techniques for the sole purpose of promoting professional education for students, interns, residents, fellows and doctors of medicine in this state.
- B. The chairman or dean of the inviting institution shall provide to the board evidence that an applicant for an educational permit has malpractice insurance in an amount that meets the requirements of the institution and that the applicant accepts all responsibility and liability for the procedures he performs within the scope of his permit. In a letter to the board, the chairman or the dean of the inviting institution shall outline the procedures and techniques that the doctor of medicine shall perform or demonstrate and the dates that this activity will occur. The letter shall also include a summary of the doctor's of medicine educational and professional background and be accompanied by the fee required pursuant to section 32-1436.
- C. The inviting institution shall submit the fees and documents required pursuant to subsection B of this section no later than two weeks before the scheduled activity.
- D. The board or its staff shall issue an educational teaching permit for no more than five days for each approved activity.



ARIZONA MEDICAL BOARD

MD Education Teaching Permit

1740 W. Adams St., Ste. 4000, Phoenix, AZ 85007-2664
www.azmd.gov; Email: licensingreport@azmd.gov

To be completed and signed by the requesting facility. All questions MUST be answered, even if only to indicate "None" or "N/A".

1. Personal Information

First Name:

Middle Name:

Last Name:

SSN:

Date of Birth:

2. Demonstration Location Information

Facility/Event:

Address: City: State: Zip:

*Contact Person Name:

Phone:

Email:

*List further contact persons on separate sheet

3. Event Information

Dates of Demonstration: From: To:

4. Checklist for Attachments

- Letter from Dean or Chairman of Inviting Institution:** Should include outline of the procedures and techniques the doctor of medicine shall perform or demonstrate and the dates that this activity will occur.
- Proof of Malpractice Insurance**
- Doctor's Curriculum Vitae**
- Fee Form**

PAYMENT CARD AUTHORIZATION

First Name:

Last Name:

MD EDUCATION TEACHING PERMIT APPLICATION PROCESSING FEE \$100

Type of Card: Visa Mastercard Amex

Card Number:

Expiration Date

Name as Shown on Payment Card:

Billing Address of Cardholder:
(Required)

City:

State:

Zip:

Office Phone:

Mailing Address of Cardholder:
(If different from billing address)

City:

State:

Zip:

Cardholder Signature:

Date:

(Required)

The Arizona Medical Board will only accept credit card payment via mail (USPS, FedEx, UPS, or any other mail carrier). Any credit card information received via any other method will not be processed and will be destroyed.

Please complete and return this form with your license application and all necessary documents. Return the application and payment form (credit card form, check or money order) to the address listed below.

Mail to: Arizona Medical Board
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