



**Arizona Medical Board**  
**Arizona Regulatory Board of Physician Assistants**  
 1740 W. Adams St, Suite 4000, Phoenix, AZ 85007  
 Phone (480) 551-2700 Fax (480) 551-2702 www.azmd.gov

### PUBLIC INFORMATION REQUEST FORM

Contact Name:  Date:

Mailing Address:  City:  Zip:

Phone Number:  Fax Number:  E-mail Address: \_\_\_\_\_

#### Public Information Requested

**License Files:**  
*List physician or physician assistant name or license number.*

**Board Meetings:**  
*List agendas or minutes and meeting dates.*

**Board Actions:**  
*List physician or physician assistant name or Case number.*

**If Applicable:  
 Formal Hearing Documents**

**Please check one of the following:**

I want to receive the documents via e-mail at no cost. **E-mail Address\*:** \_\_\_\_\_ \*Required Field

I am requesting papers copies of the public information. Paper copies are \$1.00 for the first three pages and \$0.25 for each additional page. If requesting paper copies, you will receive an invoice.

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