



ARIZONA MEDICAL BOARD
 1740 W. Adams St. Suite. 4000, Phoenix, AZ 85007-2664
MEDICAL GRADUATE TRANSITIONAL 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):

1. 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: Middle Initial: Last Name:

Current Home Address:

City: State: Zip code:

Mobile Phone: Home Phone:

Email: Social Security Number:

Date of Birth (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: Phone# 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 TRANSITIONAL TRAINING PERMIT BASED UPON THE REPRESENTATIONS MADE IN THIS APPLICATION WHICH I CERTIFY ARE TRUE AND ACCURATE.

Signature: Date:



PAYMENT CARD AUTHORIZATION MD GRADUATE TRANSITIONAL TRAINING RENEWAL PERMIT

Please utilize this form if paying with Credit Card.

PLEASE NOTE: The Arizona Medical Board will only accept credit card payment via mail

(USPS, FedEx, UPS, DHL, or any other mail carrier)

Any credit card information received via any other method will not be processed and will be destroyed.

Mail to:

Arizona Medical Board
1740 W Adams St, Suite 4000
Phoenix, AZ 85007

Fee Total: \$50

- **\$50 Application Fee**

First Name: Last Name:

Name as Shown on Payment Card:

Cardholder Signature: Date:
(Required)

Billing Address of Cardholder:
(Required)

City: State: Zip Code:

Contact Phone:

Mailing Address of Cardholder:
(If Different from Billing Address)

City: State: Zip Code:

<i>(Official Use Only)</i> Payment Card Verification (Last 4 Digits) <input type="text"/>
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For receipt, please include an email address for submissions:

(Official Use Only Cut Here)

Type of Card: Visa Mastercard Amex

Card Number: Expiration Date:

(No Dashes Between Numbers)