



ARIZONA MEDICAL BOARD

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

MEDICAL GRADUATE TRANSITIONAL TRAINING PERMIT REGISTRATION

The Board shall grant a one-year renewable 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:

- 1. Within a two-year period immediately preceding initial application for a transitional training permit the Applicant was either:
(a) Qualified to submit, and submitted, a valid application to an accredited internship or residency program but was not selected for a position. OR
(b) Selected for a position described in (a) of this paragraph but ended participation in the program before completion for a reason that would not be considered disciplinary action pursuant to Section 32-1451. AND
2. Successfully completed Steps One and Two of the United States Medical License Examination (USMLE) or equivalent examination.

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 a One Year for a Transitional Training Permit and submits documentation in support of the application meeting the following: ( Select the terms that apply):

[ ] I am 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. I have attached a copy of my medical school transcript.

Medical School Name: [ ] Graduation Date: [ ]

Within a two-year period immediately preceding initial application for a transitional training permit:

[ ] I qualified to submit and submitted a valid application to an accredited internship or residency program but was not selected for a position. I have attached a copy of my application and letter from the residency program indicating that I was not accepted.

OR

[ ] I was selected for a position described in (a) of this paragraph but ended participation in the program before completion for a reason that would not be considered disciplinary action pursuant to Section 32-1451. (Attach a letter supporting noncompletion of the program for non-disciplinary reasons.)

AND

[ ] Successfully completed Steps One and Two of the United States Medical License Examination (USMLE) or equivalent examination(I have attached a copy of my USMLE or equivalent exam)

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: [ ]

ARIZONA STATEMENT OF CITIZENSHIP  
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS  
Professional License and Commercial License  
Arizona Medical Board

M.D. License Applicants

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

**Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.**

**Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.**

**SECTION I - APPLICANT INFORMATION**

APPLICANT'S NAME (Print or Type)

TYPE OF APPLICATION (Check one)     INITIAL APPLICATION     RENEWAL

TYPE OF LICENSE/CERTIFICATION (Check one)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Transitional Training Permit | <input type="checkbox"/> MD Initial or Endorsement Application | <input type="checkbox"/> Teaching License      |
| <input type="checkbox"/> Telehealth Registration      | <input type="checkbox"/> Education Teaching Permit             | <input type="checkbox"/> Pro bono registration |
| <input type="checkbox"/> Temporary Emergency COVID-19 | <input type="checkbox"/> Post Graduate Training Permit         | <input type="checkbox"/> Locum Tenens          |

**SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION**

Are you a citizen or national of the United States?     Yes     No

If Yes, indicate place of birth:

City of Birth:

State (or equivalent):

Country or Territory:

If you answered **Yes**, 1) Attach a photocopy of a document from the attached list, section A. Documents from List B also apply to U.S. Citizens, but submission of a List B document does not negate the requirement to submit a copy of an item from List A.

Name of document:

2) Go to Section IV.

If you answered **No**, you must complete Section III and IV.

**SECTION III – ALIEN STATUS DECLARATION**

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a certified copy of a document from the attached list section A. Additionally, submit an item from the attached list section C or other document as evidence of your status.

Name of document provided:

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.]. Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- 10.  An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA.

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- 13.  A foreign national not physically present in the United States.

Otherwise Lawfully Present

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

**Please NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

**SECTION IV - DECLARATION**

**All applicants must complete this section.**

I declare under penalty of perjury under the laws of the State of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE:

TODAY'S DATE:



# PAYMENT CARD AUTHORIZATION MD GRADUATE TRANSITIONAL TRAINING PERMIT APPLICATION

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:

For receipt, please include an email address for submissions:

<i>( Official Use Only )</i> <b>Payment Card Verification (Last 4 Digits)</b> <input type="text"/>
--

*( Official Use Only Cut Here )*

Type of Card:  Visa  Mastercard  Amex

Card Number:  Expiration Date:

*( No Dashes Between Numbers )*