Checklist for an MD Telehealth Registration Application

Please do not submit this form with your application. Keep it for your records.

<u>PLEASE TAKE NOTE: Past discipline or pending disciplinary proceedings in any jurisdiction will disqualify you from receiving a telehealth registration in Arizona (A.R.S. § 36-3606 (A)(4)).</u>

APPLICATION FEE	
☐ Application Fee	The application fee is $500 payable by check or credit card. The application fee must be submitted with the application and is non-refundable
LICENSE APPLICATION	
☐ Completed Application	Provide a complete application. Attached required documents (question #3 of application). You <u>must</u> complete all questions. If you fail to complete a question, your application will be considered deficient, and the processing of your application will be delayed.
EVIDENCE OF LEGAL STATUS	
☐ A Copy of Your Birth Certificate or Passport	Applicants must provide a photocopy of a Birth Certificate or Passport.
☐ Proof of Immigration status	A list of the documents that are required to be submitted to the Board is included with the application.
☐ Government Issued Photo ID (Copy)	A copy of a government issued photo ID is required if the proof of legal status does not include a photo. Example: driver license or state I.D.
☐ Evidence of legal name change	Applicant must provide evidence of legal name change, if applicable. Example: Marriage Certificate, court documents showing legal name change.
QUESTIONNAIRE	
☐ Complete All Questions & Attach Required documents	Question 3 requires you to attach a copy of the declaration page of your liability insurance coverage.

Arizona Medical Board

TELEHEALTH REGISTRATION FOR ALLOPATHIC PHYSICIAN

PURSUANT TO A.R.S. § 36-3606

1740 West Adams Street, Suite 4000 | Phoenix, Arizona 85007
Telephone: (480) 551-2700 | E-mail: Licensingreport@azmd.gov | www.azmd.gov

* Your Social Security number is being requested by this state agency in accordance with A.R.S. § 25-320(P). Disclosure is mandatory, and this record cannot be processed without it.

Telehealth Registration for Allopathic Physician Fee: $500.00 **(non-refundable)**

PAYMENT ONLY ACCEPTABLE BY MAIL OR IN PERSON

Answer all questions. If you fail to complete a question, your application will be considered deficient, and the processing of your application will be delayed.

Submitting this application does not authorize you to practice medicine or surgery in the State of Arizona.

In accordance with A.R.S. § 41.1030 the Board is required to notify you of the following:
B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

SECTION 1: APPLICANT IDENTIFICATION AND CONTACT INFORMATION -REQUIRED

Last Name of applicant	First Name of applicant	Middle Name of applicant

Maiden Name of applicant (“None” or “N/A” is acceptable)	List all other names or aliases: (“None” or “N/A” is acceptable)

Mailing Address (*number and street or rural route*) All correspondence will be mailed to this address until you are licensed, unless the Board is notified of a change in writing.

City	State	ZIP code

Cell/Daytime Phone number ( )	E-mail address: (This address will not be a public record)
Date of Birth:	Social Security Number:

Provide direct contact information for urgent communications: Direct/Urgent Phone number: ( )

Direct/Urgent Email Address:

SECTION 2: Citizenship Attestation

Proof of Citizenship: Effective January 1, 2008, based on Federal and State laws, all applicants must provide evidence that the application is lawfully present in the United States, Pursuant to A.R.S. § 41-1080 and A.A.C. R4-16-201(C)(1) require documentation of citizenship or alien status for licensure. If the documentation does not demonstrate that the applicant is a United State citizen, national, or a person described in specific categories, the applicant will not be eligible for licensure in Arizona.

☐ I am a U.S. Citizen or U.S. National.	If this box is checked, please submit documentation as stated on the Statement of Citizenship form
☐ I am NOT a U.S. Citizen or U.S. National.	If this box is checked, please submit documentation as stated on the Statement of Citizenship form

SECTION 3: Professional Conduct History and Statutory Requirements

Failure to properly answer the questions below may result in Board disciplinary action including revocation or denial of registration.

	YES	NO
1. Have you been disciplined by another state medical board, including probation, restriction, suspension or surrender?		
2. Are there any pending disciplinary proceedings against your license in any jurisdiction? ***Past discipline or pending disciplinary proceedings in any jurisdiction will disqualify you from receiving a telehealth registration in Arizona (A.R.S. § 36-3606 (A)(4)).***		
3. I have submitted with this application for an Arizona Telehealth Registration evidence of **Telehealth** liability insurance coverage as required by A.R.S. § 36-3606(1)(d). ***Attach a copy of your policy declaration page.***		

4. In accordance with A.R.S. § 36-3606(1)(e) I designate the following as my duly appointed statutory agent for service of process in the State of Arizona:

Statutory Agent: ______________________________

Address: ______________________________

City: ______________ Zip Code: ______________ Phone: ______________

SECTION 4: ALL OTHER US JURISDICTIONS WHERE LICENSED:

STATE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES

Applicant's First Name:	Last Name:

For the Purposes of the Telehealth Registration A.R.S. § 36-3606:

SECTION 5: Declarations & Attestation

A. As health care provider who is registered pursuant to A.R.S. § 36-3606, I agree that I may not:

1. Open an office in this state, except as part of a multistate provider group that includes at least one health care provider who is licensed in this state through the applicable health care provider regulatory board or agency.
2. Provide in-person health care services to persons located in this state without first obtaining a license through the applicable health care provider regulatory board or agency.
3. I agree that pursuant to A.R.S. § 36-3606, that I may provide fewer than ten (10) telehealth encounters in a calendar year without registering. I understand that to provide telehealth treatment for ten (10) or more encounters in a calendar year I need to obtain a registration in the state of Arizona.

B. I further agree that as a registrant pursuant to A.R.S. § 36-3606, I will comply with the applicable laws and rules of this state, and I am subject to investigation, and both non-disciplinary and disciplinary action by the applicable health care provider regulatory board or agency in this state. For the purposes of disciplinary action by the applicable health care provider, regulatory board or agency in this state, all statutory authority regarding investigating, rehabilitating and educating health care providers may be used. Failure to comply with the applicable laws and rules of this state, the applicable health care provider regulatory board or agency in this state may revoke or prohibit the health care provider's privileges in this state, report the action to the national practitioner database and refer the matter to the licensing authority in the state or states where the health care provider possesses a professional license. In any matter or proceeding arising from such a referral, the applicable health care provider regulatory board or agency in this state may share any related disciplinary and investigative information in its possession with another state licensing board.

C. The venue for any civil or criminal action arising from a violation of this section is the patient's county of residence in this state.

D. Attestation

1. I hereby give my permission for the Arizona Medical Board to secure additional information concerning me or any of the statements in this application from any person or any source the board may desire.
2. I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Arizona Medical Board any files, documents, records or other information pertaining to the undersigned requested by the agency, or any of its authorized representatives in connection with processing my application for licensure.
3. I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.
4. I further authorize the Arizona Medical Board to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the board from any and all liability in connection with such disclosure.
5. I further agree to submit to questioning by the board or any member thereof, and to substantiate my statements if desired by the board.
6. Before prescribing a controlled substance to a patient in this state, I attest I will register with the controlled substances prescription monitoring program established pursuant to A.R.S §§ 36-2601 et. seq.
7. I attest I will pay the registration fee as determined by the applicable health care provider regulatory board or agency.
8. I will notify the board in writing within 10 working days if charged with a misdemeanor involving conduct that may affect patient safety or a felony while I am an applicant for a telehealth registration pursuant to A.R.S. § 32-3208(B).
9. I will notify the board in writing within 5 days if I become the subject of an investigation or disciplinary action by any licensing board, or if any restriction is placed on my license.
10. I certify that I have read and personally answered all the questions on this application.

I attest that all the information contained in the application and accompanying evidence or other credentials submitted are true. I attest the credentials submitted with the application were procured without fraud or misrepresentation or any mistake of which I am aware, and that I am the lawful holder of the credentials. I authorize the release of any information from any source requested by the Board.

I UNDERSTAND THAT I AM RESPONSIBLE FOR KNOWING AND ADHERING TO THE LAWS GOVERNING THE PRACTICE OF MEDICINE IN ARIZONA. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Print First Name: ______________________ Print Last Name: ______________________

______________________, M.D.
Signature of Applicant

____
Date Signed

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)

☐ Transitional Training Permit	☐ MD Initial or Endorsement Application	☐ Teaching License
☐ Telehealth Registration	☐ Education Teaching Permit	☐ Pro bono registration
☐ Temporary Emergency COVID-19	☐ Post Graduate Training Permit	☐ 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: ____________________

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

License Application Types:

Locum Tenens, Pro Bono, Teaching, Education Permit, Post Graduate, or Physician's Assistant

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.

Citizens must submit one of the documents in list A. Citizens may also submit a document from List B, but it does not negate the requirement to submit an item from List A

Non-citizens must provide one item from both lists A and C.

List A (Applicable to both citizens and non-citizens)

1. Copy of birth certificate

Or

2. Copy of passport

List B

1. A United States certificate of naturalization.
2. A United States certificate of citizenship.
3. A tribal certificate of Indian blood.
4. A tribal or bureau of Indian affairs affidavit of birth.

List C (Applicable to non-citizens only)

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A foreign passport with a United States visa.
4. An I-94 form with a photograph.
5. A United States citizenship and immigration services employment authorization document or refugee travel document.
6. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

PAYMENT CARD AUTHORIZATION MD TELEHEALTH REGISTRATION 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: $500

- **$500 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: ______

(Official Use Only)

Payment Card Verification (Last 4 Digits) ______

(Official Use Only Cut Here)

Type of Card: ☐ Visa ☐ Mastercard ☐ Amex

Card Number: ______ Expiration Date: ______

(No Dashes Between Numbers)