



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

1. Personal Information of MD requiring the permit

First Name:

Middle Name:

Last Name:

SSN: Date of Birth:

2. Demonstration Location Information

This is the location in Arizona where the MD will perform the medical procedure

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 MD EDUCATION TEACHING 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: \$100

- \$100 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> Payment Card Verification (Last 4 Digits) <input type="text"/>
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(Official Use Only Cut Here)

Type of Card: Visa Mastercard Amex

Card Number: Expiration Date:

(No Dashes Between Numbers)