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 Applicants

Thank you for your interest in obtaining a license to practice medicine in Arizona. We are excited to have the opportunity to work with you and help guide you through the application process.

Our mission is to protect public safety through the judicious licensing, regulation and education of all allopathic physicians. A license to practice medicine in Arizona is a privilege, not a right. Please do not assume that licensure is a mere formality or that granting of a license is automatic. Please give your application the time and attention needed to accurately answer all questions. It is the applicant's responsibility to ensure that the information disclosed on the application is correct.

Once your completed application and fee are received by the Board, your application will be reviewed to determine if all items needed to meet Arizona's Revised Statutes and Rules for licensure have been submitted. Please understand that some of the documentation required for licensure must come from the primary source (third party). This can add time to the licensing process. It is the applicant's responsibility to request the documentation from the primary source to be sent directly to the Board. A checklist is provided with this application packet for your convenience.

Some applications evidencing a history of disciplinary action require in-depth investigation and may require additional time and your cooperation. It may become necessary for an applicant to come to the Board's office in Phoenix for an interview as part of the application process. Additionally, if an investigation is required, your application may go before the full Board for consideration of your application.

We will make every effort to complete the application process as quickly as possible. If you have any questions, please do not hesitate to call or email the Board's office. Our staff is happy to assist you in any way we can.

Again, thank you for your interest in an Arizona medical license.

FOR YOUR INFORMATION

Documents submitted prior to your license application:

To ensure your application is processed in a timely manner, you may request your documents to be sent directly from the entity to the Board prior to the submission of your application. Documents received prior to the submission of your application will be kept on file with the Board for 365 days.

Application Review Process:

Board staff will review your application and determine if all items needed to complete your application have been submitted to the Board. If it is determined that your application has deficient items, Board staff will send you a notice with a list of the items still needed to meet requirements. Please allow 15 days for your application to be reviewed by Board staff before calling and requesting a status update. Correspondence will be sent to your email address provided on the application.

Once all information needed to meet the requirements for licensure have been submitted to the Board, your application will undergo a final review by Board staff to ensure all requirements set forth in the Arizona Revised Statutes and Rules have been met.

Please note: *It is the applicant's responsibility to report to the Board any changes that may have occurred during the application process. Failure to report any adverse actions to the Board during the licensure process may result in denial or revocation of your license.*

To review the Arizona Revised Statutes and Rules to ensure that you meet the requirements for licensure, please go to www.azmd.gov.

32-3208. Criminal charges; mandatory reporting requirements; civil penalty

A. A health professional who has been charged with a misdemeanor involving conduct that may affect patient safety or a felony after receiving or renewing a license or certificate must notify the health professional's regulatory board in writing within ten working days after the charge is filed.

B. An applicant for licensure or certification as a health professional who has been charged with a misdemeanor involving conduct that may affect patient safety or a felony **after submitting the application** must notify the regulatory board in writing within ten working days after the charge is filed.

C. On receipt of this information the regulatory board may conduct an investigation.

D. A health professional who does not comply with the notification requirements of this section commits an act of unprofessional conduct. The health professional's regulatory board may impose a civil penalty of not more than one thousand dollars in addition to other disciplinary action it takes.

E. The regulatory board may deny the application of an applicant who does not comply with the notification requirements of this section.

F. On request a health profession regulatory board shall provide an applicant or health professional with a list of misdemeanors that the applicant or health professional must report.

Checklist for an Initial or Endorsement License Application

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

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 Fee	Once your license application is approved, you will be required to pay a prorated licensure issuance fee up to $500. This fee is prorated based on your birth year and month.
LICENSE APPLICATION	
☐ Completed Application	Provide a complete application, pages 1 - 9. Make sure page 7 is notarized. You must 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. **Please Note:** Pursuant to A.R.S. §36-2606(A), A medical practitioner regulatory board shall notify each medical practitioner who receives an Initial or Renewal license and who intends to apply for registration or has an active registration under the controlled substances act (21 United States Code sections 801 through 904) of the medical practitioner's responsibility to register with the Arizona state board of pharmacy and be granted access to the controlled substances prescription monitoring program's central database tracking system. Therefore, any Arizona practitioner with a DEA registration is required to register with the CSPMP. Failure to do so, may result in Board action. Please visit the Arizona CSPMP website for more information on how to register and access the CSPMP, associate delegates to your account, and how to update your account. https://pharmacypmp.az.gov/
FINGERPRINTS	
☐ Fingerprint Card	Applicants are required to undergo a criminal background check according to A.R.S. § 32-1422(12). A fingerprint packet will be sent to the applicant's mailing address provided on the application. The fingerprint card is specific and pre-printed for the Board; therefore, the applicant must use the fingerprint card provided by the Board. Fingerprinting can be done at a local police department, sheriff's office, or an entity that provides fingerprinting services. Please contact the entity that provides the fingerprint service and confirm availability and payment requirements. The applicant is required to return the fingerprint card along with a check, money order or credit card for $50.00 made out to "Arizona Medical Board" together in the return envelope. The fingerprint technician is required to fill out and date the identity verification form, place it with the fingerprint card and check or money order, seal and sign the envelope flap before returning the fingerprint card to the applicant. If the applicant forgets to place the check or money order with the fingerprint card, do not reopen the sealed envelope. The applicant can include the check or money order in a separate envelope attached to the return fingerprint card envelope. Failure to return the sealed envelope with the fingerprint card, identity verification form, check or money order and the fingerprint technician's signature across the envelope flap will delay the processing of your application. Do not send the fingerprint card prior to the submission of your application.
EVIDENCE OF LEGAL STATUS	
☐ A notarized Copy of Your Birth Certificate or Passport	Applicants must provide a notarized photocopy of a Birth Certificate or Passport. A Notarized Certificate of Identification form is provided with the application packet for your convenience.
☐ 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.

MEDICAL SCHOOL	
☐ Medical College Certification	One of the following must be submitted directly from your medical school to the Board: ☐ An official copy of your medical school transcript ☐ A copy of your Diploma ☐ A letter with an official letterhead that confirms successful completion
☐ **Foreign graduates only:** ECFMG Certification, 5th Pathway or 36 months Clinical Instructor Certification	ECFMG certification must be sent directly to the Board, available online at www.ecfmg.org. A clinical instructor must complete 36 months as a full-time employed/compensated assistant professor or higher.
POST GRADUATE TRAINING	
☐ Post Graduate Training Certification	The post graduate training form is included with the application. This form must be filled out and submitted **directly to the Board from** the post graduate training program. It is the applicant's responsibility to provide this form to the training program. The Board must receive verification from your training program for the following: U.S. or Canadian Graduates: 12 months of ACGME and/or RCPSC approved post graduate training Foreign Graduates: 36 months of ACGME BOE/PS 3$14$ approved post graduate training **Please note:** Only verified postgraduate training from the primary source will be added to your website profile upon approval of your license.
EXAMINATION	
☐ Examination Scores	Official examination scores must be sent directly to the Board. Examination scores may be requested from the following websites: USMLE Exam Scores: Available online at www.usmle.org NBME Exam Scores:
	Available online at www.nbme.org) FLEX Exam Scores: Available online at www.fsmb.org LMCC Exam Scores: _____
	Available online at www.mcc.ca State Written and SPEX Exam Scores : To be requested from the specific state **(The Commonwealth of Puerto Rico Exam is not accepted)**
VERIFICATION OF OTHER STATE LICENSE(S)	
☐ State/Province Licensure Verification	License verification is required to be sent directly to the Board from **each** state or province in which you hold or have held a license. Verification(s) of training permits or registrations are **not** required. If you obtain a license during the licensure process, you must request the verification to be sent directly to the Board. *The Board accepts verifications from Veridoc.

MEDICAL EMPLOYMENT		
☐ Medical Employment Verifications	You must request verification(s) from the following; ☐ Verification(s) of all medical employment, to include all medical professional activities for the five years preceding the date of the application, to be sent directly to the Board. **1MFBTF /PUF:** %VF UP UIF DIBOHF JO ".3.4. f 32-1422 (11) (B), UIF "SJ[POB .FEJDBM #PBSE OP MPOHFS SFRVJSFT WFSJGJDBUJPO PG IPTQJUBM QSJWJMFHFT.)PTQJUBMT TIPVME POMZ CF MJTUFE CFMPX JG UIF IPTQJUBM JT UIF FNQMPZFS.	
MALPRACTICE DOCUMENTS		
☐ Pending or settled malpractice documents	The following **must** be provided if you have a pending malpractice claim or malpractice settlement: ____ ☐ Detailed narrative/explanation (provided by the applicant) ☐ Copy of the complaint ☐ Agreed terms of settlement or the judgment **Please note:** If a full review is recommended, you may be requested to provide the medical records for the case.	
QUESTIONNAIRE AFFIRMATIVE RESPONSES		
☐ Narrative and Supporting Documents	If you answer "yes" to a question on the questionnaire page, please provide the following: ☐ A narrative/explanation of the circumstances that led to the issue disclosed. ☐ Documents to support your narrative. Example: Court documents, Board Orders, etc. *If documents are not provided, this **will** delay the application process. **Please note:** It is the applicant's responsibility to report to the Board any changes that may have occurred during the application process. Failure to report any adverse actions to the Board during the licensure process may result in denial or revocation of your license.	
Information requested to be sent directly to the Board can be sent to the following:		
DO NOT EMAIL APPLICATION(S) Email: licensingreport@azmd.gov	Arizona Medical Board 1740 W. Adams. St. Ste. 4000 Phoenix, AZ 85007-2664	
FCVS PACKETS		
The Board will accept an FCVS packet. The following verifications provided in the FCVS packet may be accepted by the Board:	· Medical School Certification · Post Graduate Training Certification · ABMS Certification	· ECFMG Certification · Evidence of legal status documents · Examination Scores

17. Arizona Medical Board Application Attestation

I attest that all of 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 have been made aware that pursuant to ARS 36-2606(A),any Arizona Practitioner with a DEA registration is required to register with the CSPMP, and failure to do so may result in Board action. I authorize the release of any information from any source requested by the Board necessary for initial and continued licensure in this state.

Signature of Applicant: _____ Date: _____

Notarization

Subscribed and sworn in front of me by_____, personally appearing on this date_____.
Applicant Name Print or Type

_____
Notary Public's Signature

(Personalized Seal)

Evidence of U.S. Citizenship, U.S. National Status, or Alien Status

License Application Types: MD Application

You must submit supporting legal documentation (e.g. 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. If applicable, citizens shall also submit a document from list B, but it does not negate the requirement to submit an item from list A. A copy of a government issued photo ID is required if the proof of legal status does not include a photo.

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

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

1. A notarized photocopy of a birth certificate

Or

2. A notarized photocopy of a 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. This must be accompanied with a statement by the state issuing entity that the state verifies legal status prior to issuing the license.
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 political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

ARIZONA MEDICAL BOARD
POSTGRADUATE TRAINING VERIFICATION FORM

AUTHORIZATION: The Arizona Medical Board requires all applicants for licensure to obtain verification of all postgraduate training programs attended. This form must be completed by the **Program Director**. This is authorization to release any information in your files of record, favorable or otherwise, **DIRECTLY** to the Arizona Medical Board. Authorization may be sent via mail to 1740 W. Adams St. Ste. 4000, Phoenix, AZ 85007-2664, fax with cover letter: 480-551-2704 or by E-mail to licensingreport@azmd.gov.

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Signature: _____ **Date:** _____

Applicant: Do not fill in below this line.

Important - Program Participation: Report incomplete postgraduate years (PGY) separately from those that were successfully completed. If the postgraduate year is currently in progress, report the **expected completion date in the "To" field.** Report internships, residencies and fellowships separately.

PG Year: _____ **Department/Specialty:** _____

☐ Internship
☐ Residency
☐ Fellowship

From: _____ To: _____ (mm/dd/yy)

Successfully Completed? ☐ Yes ☐ No ☐ In Progress

PG Year: _____ **Department/Specialty:** _____

☐ Internship
☐ Residency
☐ Fellowship

From: _____ To: _____ (mm/dd/yy)

Successfully Completed? ☐ Yes ☐ No ☐ In Progress

PG Year: _____ **Department/Specialty:** _____

☐ Internship
☐ Residency
☐ Fellowship

From: _____ To: _____ (mm/dd/yy)

Successfully Completed? ☐ Yes ☐ No ☐ In Progress

Affix Training Program Seal Here

1. This program was approved for postgraduate training during that period by the Accreditation Council for Graduate Medical Examination Education (ACGME), or the Royal College of Physicians and Surgeons of Canada: ☐ **Yes** ☐ **No**

2. Did this individual ever take a leave of absence or break from training or request a transfer? ☐ **Yes** ☐ **No** (If yes, please attach an explanation)

3. Was this individual disciplined and/or placed under investigation or probation? ☐ **Yes** ☐ **No** (If yes, please attach an explanation)

Institution Name: _____ **Name:** _____

Address: _____ **Title:** _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Signature: _____ **Date:** _____ (mm/dd/yy)

CERTIFICATION OF IDENTIFICATION

Certification by Notary Public is Required

Applicant Full Legal Name:_____
Last First Middle

<u>Notary</u> - Please complete the section below and attach a photocopy of the Birth Certificate or Passport.

State of_____ County of_____

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

The statements on this document are subscribed and sworn to before me by the applicant on this

(Day)_____, of (Month)_____, (Year)_____.

Notary Public Signature:_____

Commission Expiration Date* (Month)_____/(Day)_____/(Year)_____

***The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided.**

Applicant's Signature:_____

Notary Stamp Here

Please complete and mail or email the notarized Certificate of Identification form and a photocopy of the Birth Certificate or Passport presented to the Notary to:

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

LicensingReport@azmd.gov