Checklist for a MD Renewal License Application

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

APPLICATION FEE	
☐ License Renewal Fee	$500 (if postmarked by due date)
☐ Late Fee	$350 (in addition to the License Renewal Fee, if postmarked 31 days after the due date)
LICENSE APPLICATION	
☐ Completed Application	Provide a complete application. 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. If your application is not complete, the Board will send you a deficiency notice with a list of the deficient items. If the deficient items are not submitted within 60 days from the date of the deficiency letter your license will expire. **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/
EVIDENCE OF LEGAL STATUS	
☐ Government Issued Photo ID	A copy of a government issued photo ID is required if the Board does not currently have a legible copy on file.
☐ Proof of Immigration Status	A copy of your immigration status is required if the Board does not have a current copy on file.
CONTINUING MEDICAL EDUCATION	
☐ CME Audit form	If selected for CME audit, please complete and submit the CME audit form and provide proof of having completed the required 40 hours of Continuing Medical Education - include the three (3) hours of opioid prescribing CME (as part of your total hours).
QUESTIONNAIRE AFFIRMATIVE RESPONSES	
☐ Narrative and Supporting documents	If you have answered "Yes", to a question on the questionnaire page, you must submit an explanation and photocopies of any corresponding documents. Failure to properly answer these questions can result in Board disciplinary action, including revocation or denial of license.
Information requested to be sent directly to the Board can be sent to the following:	
DO NOT EMAIL OR APPLICATION(S) Email: licensingreport@azmd.gov	Arizona Medical Board 1740 W. Adams St. Ste. 4000 Phoenix, AZ 85007-2664

ARIZONA MEDICAL BOARD
BIENNIAL MD LICENSE RENEWAL APPLICATION

1740 W. Adams St. Ste. 4000
Phoenix, AZ 85007-2664
Telephone: 480- 551-2700 Toll Free: 877-255-2212
Website: www.azmd.gov; LicensingReport@azmd.gov

To be completed and signed by the applicant. All questions MUST be answered, even if only to indicate "None" or "N/A".

☐ **License Fee $500 (if postmarked by due date)**

☐ **License Fee $850 (if postmarked 31 days after due date)**

BEFORE COMPLETING THIS RENEWAL FORM: Please review your physician profile, located at www.azmd.gov. If any of the information is incorrect, please print a copy, line out the erroneous information, write in the correct information and submit it with your renewal. You are subject to discipline if you provide erroneous information. Please note that name changes must be made under separate cover.

1. **First Name:** _____ **Initial:** _____ **Last Name:** _____

License Number: _____

ADDRESS INFORMATION

Practice Address: This is the practice/principal place of your business. The address and phone number provided will appear in the Medical Directory and on the Board's website. **Every physician must have an address available to the public**. If only one address is provided, even if it is your home address, it will be available to the public upon request. If you want your home address to be listed as your practice address on the Board's website, include the address in the practice address field.

2. **Practice/Training Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ ***Practice address not required for licensure**

Home Address: You are **required** to provide a home address, telephone number and email address. Your home address and telephone number will not be released to the public *unless* you fail to provide an office address. Your email address will not be released to the public, but the Board may occasionally send relevant news and information to you via email.

3. **Home Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Mobile:** _____

Primary Email Address: _____

Mailing Address: If no address is provided, all Board correspondence will be sent to your practice address.

4. **Mailing Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

☐ Same as Practice Address ☐ Same as Home Address

Revised 6-25-2024

In addition to your primary e-mail address provided on page one of this application, please indicate if you would like to designate/authorize an individual, beside yourself, to receive status updates on your application.

Please note: If a substantive review/investigation is required during the application process, the applicant will be required to provide additional authorization, in writing, for the third party to receive status updates concerning the substantive review.

Name | Phone# | E-mail

5. AREA OF INTEREST/ABMS CERTIFICATION

AMERICAN BOARD OF MEDICAL SPECIALTY (ABMS) CERTIFICATION AND FIELDS OF PRACTICE: Please review and correct the fields of practice and ABMS board certification information as shown on your profile. Only certification from the American Board of Medical Specialties will be shown. Select the fields of practice from the drop down list. If you are Board certified check "yes".

Area of Interest	Practicing?	ABMS Certified?	Expiration Date (Or indicate if lifetime certificate)
	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	
	☐ Yes ☐ No	☐ Yes ☐ No	

6. CITIZENSHIP ATTESTATION

PROOF OF CITIZENSHIP: All applicants must provide evidence that the applicant is lawfully present in the United States.

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 States citizen, national, or a person described in specific categories, the applicant will not be eligible for licensure in Arizona.

If you provided documentation to the Board of your U.S. Citizenship or nationalization at the time of your last renewal or at the time of your initial application to the Board, no further documentation are required. However, the Board may request a copy if there isn't one currently on file and/or the copy is not legible.

Alternatively, if you have become a U.S. citizen or U.S. national since the time of your most recent application with the Board or are not currently a U.S. citizen or national, you must submit proof of your current status to the Board before your license will be renewed.

Documentation can be submitted to the Board via email at Licensingreport@azmd.gov. Please see the Evidence list included with this application for a list of acceptable documents. Additionally, a notary copy of your birth certificate or passport must be submitted in accordance with R4-16-201(C)(1) if you have not previously established your citizenship or nationalization with the Board.

☐ I am a U.S. Citizen or U.S. National.

☐ I have become a U.S. Citizen or U.S. National since the time of my last renewal.

☐ I am not a U.S. Citizen or U.S. National.

First Name: **Last Name:**

7. PROTOCOL FOR STORAGE, TRANSFER AND ACCESS OF PATIENT MEDICAL RECORDS

☐ I am aware that it is unprofessional conduct to fail to have a written protocol in place for the secure storage, transfer and access of patient medical records when a physician terminates or sells his/her practice and the medical records do not remain in the same physical location. I have a protocol in place for the secure storage, transfer and access of the medical records of my patients should my practice close, as required by A.R.S. §32-3211.

☐ I am exempt from the records protocol requirement as outlined in A.R.S. 32-3211(G). I am a health professional who is employed by a health care institution as defined in Section A.R.S. 36-401 that is responsible for the maintenance of the medical records.

☐ I have no patient records that I am required to maintain under A.R.S. Section 12-2297 or any other statute or federal law.

Note: ARS Section 12-2297 requires the maintenance of a patient's medical records as follows: 1. If the patient is an adult, for at least six years after the last date the adult patient received medical or health care services from that provider. 2. If the patient is a child, either for at least three years after the child's eighteenth birthday or for at least six years after the last date the child received medical or health care services form that provider, whichever date occurs later. 3. Source data may be maintained separately from the medical record and must be retained for six years from the date of collection of the source data.

8. CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS

☐ I have completed a minimum of 40 hours CME during the two previous calendar years of renewal year as required by A.R.S. § 32-1434, A.R.S. § 32-3248.02 and A.A.C. § R4-16-102. **Please do not submit proof of CME unless you received notice on your renewal that you are subject to a CME audit.* ***If an audit was indicated, submit CME documentation with your completed renewal.***

9. Training Unit Attestation

Renewal Applications - A.R.S. §32-1422(A)(10): Complete a training unit as prescribed by the board relating to the requirements of this chapter and board rules. The applicant shall submit proof with the application form of having completed the training unit.

I am aware 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 I have read and completed all four pages of the training unit provided with this application and available on the Board's website.

Full Name (print):		**Signature:**	
License number:		**Date:**	

10. Questionnaire

1. Since your last renewal, have you had an application for medical licensure denied or rejected by another state or province licensing board?	☐ Yes	☐ No
2. Since your last renewal, have you had any disciplinary or rehabilitative action taken against you by another licensing board, including other health professions?	☐ Yes	☐ No
3. Since your last renewal, have you had any disciplinary actions, restrictions or limitations taken against you while participating in any program or by any health care provider?	☐ Yes	☐ No
4. Since your last renewal, have you ever had a medical license disciplined resulting in a revocation, suspension, limitation, restriction, probation, voluntary surrender, cancellation during an investigation, or entered into a consent agreement or stipulation?	☐ Yes	☐ No
5. Since your last renewal, have you had hospital privileges revoked, denied, suspended, or restricted? (do not report if your hospital privileges were suspended due to failure to complete hospital record and reinstated after no more than 90 days)	☐ Yes	☐ No
6. Since your last renewal, have you been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice, imposed by an agency of the federal or state government?	☐ Yes	☐ No
7. Since your last renewal, have you had the authority to prescribe, dispense or administer medications limited, restricted, modified, denied, surrendered, or revoked by a federal or state agency as a result of disciplinary or other adverse action?	☐ Yes	☐ No
8. Since your last renewal, have you been found guilty or entered into a plea of no contest to a felony, a misdemeanor involving moral turpitude, or an alcohol or drug-related offense in any state?	☐ Yes	☐ No
9. Since your last renewal, have you failed the special purpose licensing examination (SPEX)?	☐ Yes	☐ No

11. Confidential Questions

1. Do you currently have a medical condition that impairs your ability to practice medicine in a competent, ethical, and professional manner? If yes: i. Provide an explanation of the medical condition; and ii. If currently practicing under a monitoring agreement with a licensing board in another state, attach a copy of the monitoring agreement to the application.	☐ Yes	☐ No

NOTE: In the event that the response to any of the questions is "Yes", you must file an explanation and submit photocopies of any corresponding documents. Failure to properly answer these questions can result in Board disciplinary action, including revocation or denial of license.

Moral Turpitude includes but is not limited to: Armed Robbery, Assault with a Deadly Weapon, Attempted Insurance Fraud, Embezzlement, Fabricating and Presenting False Public Claims, False Reporting to Law Enforcement Agency, Falsification of Records of the Court, Forgery, Fraud, Hit & Run, Illegal Sale and Trafficking in Controlled Substances, Indecent Exposure, Kidnapping, Larceny, Mann Act (Federal Commercialization of Women Statute), Misleading Sale of Securities in Connection with transfer of Real Property, Perjury, Possession of Heroin for Sale/Unlawful Sale or Dispensing Narcotic Drugs, Rape, Shoplifting, Theft and Soliciting Prostitution.

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

12. Attestation

I attest that all of the information contained in the renewal application and accompanying evidence or other credentials submitted are true. This includes any corrections made to the enclosed physician profile, and any information provided on or submitted with the CME Audit Form. 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.

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

Signature of Applicant: _____ 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.

Directions:
Please read the case studies and general questions along with the correct responses to each of the questions posed. This training module is designed to increase your awareness of the statutes and rules that govern the practice of medicine in Arizona. When you have read through the material, please sign the attestation indicating you have done so and that you are aware that the Medical Practice Act contains the statutory obligations you must meet when you practice medicine in Arizona. Please be advised that you may access the Medical Practice Act and the corresponding rules on the Board's website: www.azmd.gov

Medical Practice Act Training & Questionnaire

CASE STUDIES (Multiple Choice)

This section illustrates common violations of the MPA by using case scenarios. Each scenario is followed by a multiple-choice question and the answer.

1. Sexual Conduct

Scenario: You and a patient develop mutual feelings for each other during the course of treatment. You begin dating the patient and mutually agree to begin a sexual relationship. Should you continue to medically treat the patient?

A. Yes. The treatment began before a sexual relationship was developed. Therefore, it is appropriate to continue treating the patient as you were before.
B. Yes. You can maintain a boundary between your personal feelings for the patient and your professional practice.
C. No. The physician-patient relationship must be terminated six months before engaging in sexual conduct.
D. No. A physician should never establish a sexual relationship with a current or former patient.

Answer: C. No. The physician-patient relationship must be terminated six months before engaging in sexual conduct.

A.R.S. 32-1401(27)(aa) states that it is unprofessional conduct to engage in sexual conduct with a current patient or with a former patient within six months after the last medical consultation unless the patient was the licensee's spouse at the time of the contact or, immediately preceding the physician-patient relationship, was in a dating or engagement relationship with the licensee.

2. Controlled Substances

Scenario: You are experiencing back pain after a weekend spent moving into a new home. You know the appropriate dose of Oxycodone to relieve your pain. Instead of requesting an appointment with your primary care physician you call in a prescription to the pharmacy for yourself. Are your actions appropriate?

A. No. Regardless of how seemingly obvious the cause of the pain and type of controlled substance needed, it is never appropriate for a physician to self-prescribe a controlled substance.
B. No. There are alternative over the counter drugs that can provide the same effect.
C. Yes. You had the same back pain in the past and you were previously prescribed the same medication.
D. Yes. You are a licensed physician. You know exactly what medications you need to feel better.

Answer: A. No. Regardless of how seemingly obvious the illness and type of controlled substance needed, it is never appropriate for a physician to self-prescribe a controlled substance.
A.R.S. 32-1401(27)(g) states that it is unprofessional conduct to use controlled substances except if prescribed by another physician for use during a prescribed course of treatment.

3. Professional Connection

Scenario: Your friend "Bob" wants to open a laser clinic and perform varicose vein removal. Bob is not a licensed doctor in Arizona, but he holds a medical license in New Mexico. You are confident that Bob has the education and training to safely perform varicose vein removal, even though it is considered to be the practice of medicine in Arizona. You decide to help Bob out and let him operate his laser clinic under your name. Is this appropriate?

A. Yes. Even though Bob is not licensed in Arizona, he is a doctor and you know he will do a good job.
B. Yes. The clinic operates under your name and you know Bob will call you with any problems.
C. No. Varicose vein removal is considered to be the practice of medicine and Bob is not licensed to practice medicine in Arizona.
D. No. The state where Bob is licensed may have different regulations for operating a laser clinic than Arizona and you can't be sure if Bob's clinic will meet Arizona regulations.

Answer: C. No. Varicose vein removal is considered to be the practice of medicine and Bob is not licensed to perform medicine in Arizona.

A.R.S. 32-1401(27)(cc) states that it is unprofessional conduct to maintain a professional connection with or lend one's name to enhance or continue the activities of an illegal practitioner of medicine.

4. False or Fraudulent Statements

Scenario: You are applying for privileges at a hospital and one of the questions asked of you is whether your license has ever been revoked or suspended. Knowing that the hospital will likely deny you privileges if you answer affirmatively, you opt to knowingly withhold the fact that your license was previously suspended over 15 years ago. Are your actions justified?

A. Yes. Because your suspension was so long ago, it is likely the hospital will never find out about it.
B. Yes. Ever since you got your license back, you have been a model physician and you have obeyed all laws.
C. No. The hospital will eventually find out and report you to the Board, resulting in more trouble.
D. No. It is never okay to make a false statement when applying for hospital privileges.

Answer: D. No. It is never okay to make a false statement when applying for hospital privileges.

A.R.S. 32-1401(27)(t) states that it is unprofessional conduct to knowingly make any false or fraudulent statement, written or oral, in connection with the practice of medicine or if applying for privileges or renewing an application for privileges at a health care institution.

5. Financial Interest

Scenario: You are a pain specialist and many of the patients you see benefit from a combination of pain medication and other forms of therapy, such as physical therapy. In addition to your pain clinic, you are also part owner of an outpatient physical therapy clinic. If you prescribe physical therapy at the clinic where you are part owner, should you inform the patients that you have a direct financial interest in the clinic?

A. No. Your patients will receive good care at the physical therapy clinic and do not need to know.
B. No. The amount of money you receive from your ownership interest in the clinic is not enough to require you to inform your patients.
C. Yes. You should inform patients of your financial interest and let them know they can receive therapy elsewhere.
D. Yes. You should inform patients of your financial interest, but stress that they will receive the best therapy at your clinic.

Answer: C. Yes. You should inform patients of your financial interest and let them know they can receive therapy elsewhere.

A.R.S. 32-1401(27)(ff) states that it is unprofessional conduct to knowingly fail to disclose to a patient on a form that is prescribed by the board and that is dated and signed by the patient or guardian acknowledging that the patient or guardian has read and understands that the doctor has a direct financial interest in a separate diagnostic or treatment agency or in non-routine goods or services that the patient is being prescribed and if the prescribed treatment, goods or services are available on a competitive basis. This subdivision does not apply to a referral by one doctor of medicine to another doctor of medicine within a group of doctors of medicine practicing together. A "Notice To Patients" form can be downloaded off the Board's website.

6. GENERAL QUESTIONS (True or False)

1. It is acceptable practice for me to prescribe controlled substances to my spouse and family.

   (False: A.R.S. 32-1401(27)(h) states that it is unprofessional conduct to prescribe controlled substances to members of the physician's immediate family.)

2. If a patient requests her medical records, I can provide a copy of the records, not the original.

   (True: A.R.S. 12-2297 states that a health care provider shall retain the original or copies of the medical records.)

3. If I don't provide the Arizona Medical Board with an office address, the Board can give the public my home address.

   (True: A.R.S. 32-3801 states that a professional's residential address and residential telephone number or numbers maintained by the Board are not available to the public unless they are the only address and numbers of record.)

4. I can ask my medical assistant to provide injections to my patients while I am out of the office.

   (False: Medical assistants may only administer injections under the direct supervision of a physician, physician assistant or nurse practitioner. A.R.S. 32-1456. Direct supervision is defined in A.R.S. 32-1401 as being in the same room or office suite as the medical assistant.)

5. I can earn one credit hour of continuing medical education by reading scientific journals and books.

   (True: A credit hour may be earned for activities that provide an understanding of current developments, skills, procedures, or treatments related to the practice of allopathic medicine, including reading scientific journals and books. R4-16-101(B)(8).)

6. If the Board issues me a non-disciplinary advisory letter, I can file a written response with the Board within thirty days of receiving the advisory letter.

   (True: An advisory letter cannot be appealed, but physicians do have the right to file a written response. The written response is considered to be part of the public record and will be included with any public records requested on a physician.)

7. I am required to report to the Board any information that appears to show that a doctor of medicine is or may be medically incompetent, is or may be guilty of unprofessional conduct, or is or may be physically unable safely to engage in the practice of medicine.

   (True: A doctor of medicine is required to report to the Board any information that appears to show that a doctor of medicine is or may be medically incompetent, is or may be guilty of unprofessional conduct, or is or may be physically unable safely to engage in the practice of medicine. A.R.S. 32-1451(A).)

8. I can charge a patient for medical records before I agree to send them to another physician.

   (False: A health care provider may not charge for medical records provided to another health care provider for the purpose of providing continuing care to the patient. A.R.S. 12-2295.)

9. If a patient asks for his medical records to be transferred to another provider, I am no longer responsible for retaining the records according to state retention laws.

   (False: The law does not provide an exception to the medical record retention requirements. A.R.S. 12-2297.)

10. The Arizona Medical Board can charge me $100 for failing to provide a current office and home address within 30 days of the date of the address change.

    (True: The Arizona Medical Board may assess the costs incurred by the Board in locating a licensee and in addition a penalty of not to exceed one hundred dollars. A.R.S. 32-1435(B).)

11. If I self report to the Board my substance abuse problem I may be eligible to participate confidentially in the Arizona Medical Board's treatment and rehabilitation program.
    (True: The Arizona Medical Board has a program for the treatment and rehabilitation of physicians who are impaired by alcohol or drug abuse. Physicians meeting the program requirements may participate confidentially. A.R.S. 32-1452.)

12. I can prescribe to patients who fill out an on-line health questionnaire, even if I have never met them.
    (False: It is unprofessional conduct to prescribe, dispense or furnish a prescription or prescription-only device to a person without first conducting a physical examination or previously establishing a doctor-patient relationship. A.R.S. 32-1401(27)(tt).)

13. If I don't receive a reminder from the Arizona Medical Board to renew my license on time, I am not responsible for a late fee or non-renewal.
    (False: It is your responsibility to ensure your license is renewed on time.)

14. If my patient refuses to notify her spouse that she is HIV positive, I can report the name of her spouse to the Arizona Department of Health Services.
    (True: A.R.S. 32-1457 states that it is not an act of unprofessional conduct for a doctor to report to the department of health services the name of a patient's spouse or sex partner or a person with whom the patient has shared hypodermic needles or syringes if the doctor knows that the patient has contacted or tests positive for the human immunodeficiency virus and that the patient has not or will not notify these people and refer them to testing.)

15. The Arizona Medical Board will only investigate a malpractice complaint if there was a settlement over one million dollars.
    (False: On receipt of a malpractice report and a copy of a malpractice complaint as provided in section 12-570, the health profession regulatory board shall initiate an investigation into the matter to determine if the licensee is in violation of the statutes or rules governing licensure. A.R.S. 32-3203.)

PAYMENT CARD AUTHORIZATION
MD BIENNIAL LICENSE RENEWAL 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 Or $850

☐ **$500 Application Fee (if postmarked by due date)**

☐ **$850 Application Fee (if postmarked 31 days after due date)**

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: _____

(Official Use Only)

Payment Card Verification (Last 4 Digits) _____

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)