



# ARIZONA MEDICAL BOARD REAPPLICATION FOR PRO BONO REGISTRATION

1740 W. Adams St. Ste. 4000  
Phoenix, AZ 85007-2664  
[www.azmd.gov](http://www.azmd.gov)

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

**1.** First Name:  Middle Name:   
 Last Name:  Maiden:   
 Other Names Used:  Calendar Year for License

**2.** Pro Bono License #:  **3.** Date of Birth:

**4.** City of Birth:  State of Birth:   
 OR  
 Country of Birth:

*Social Security Number, Date of Birth and Place of Birth are Confidential Information - Not for Public Disclosure*

**ADDRESSES:**

**Practice Address:** This is the practice/principal place of business. The address and phone number will appear in the Medical Directory and on the Board's web site. 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. If you want your home address to be listed on your web site profile, please so indicate. Otherwise, no address will be provided on the profile, but it will be provided to the public if requested.

**Mailing Address:** If no address is provided, all Board correspondence will be sent to the Practice Address.

**Email:** This address is required. If you provide an email address, it will not be released to the public.

**Home Address:** You are required to provide a home address and telephone number. These will not be released to the public unless you fail to provide an Office Address.

**5.** Practice Name:   
 Address:  City:  State:  Zip:   
 Practice Phone:  Practice Fax:

Mailing Address:  City:  State:  Zip:   
 Same as Home Address  Same as Practice Address  
 Email:

Home Address:  City:  State:  Zip:   
 Home Phone:  Mobile Phone:

**6. PROOF OF CITIZENSHIP:** Effective January 1, 2008, based on Federal and State laws, 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.

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

**I am NOT a U.S. Citizen or U.S. National.** (If this box is checked, please submit with your application a copy of your current permanent resident card or Visa.)\*

\*See Statement of Citizenship form for complete list of accepted documents available on the website.

**7. List all states, territories or possession of the United States in which you either currently or previously held a license or registration to practice medicine, including license number, date issued and current status of the license. If more than four, attach a separate listing. If a license is pending or was not issued, so state. If none, please indicate "Not Applicable."**

a.	<input type="text"/> State Board	<input type="text"/> License No.	<input type="text"/> Date Issued	<input type="text"/> License Status	<input type="text"/> License Type (e.g., Full License, Permit Registration, etc.)
b.	<input type="text"/> State Board	<input type="text"/> License No.	<input type="text"/> Date Issued	<input type="text"/> License Status	<input type="text"/> License Type (e.g., Full License, Permit Registration, etc.)
c.	<input type="text"/> State Board	<input type="text"/> License No.	<input type="text"/> Date Issued	<input type="text"/> License Status	<input type="text"/> License Type (e.g., Full License, Permit Registration, etc.)
d.	<input type="text"/> State Board	<input type="text"/> License No.	<input type="text"/> Date Issued	<input type="text"/> License Status	<input type="text"/> License Type (e.g., Full License, Permit Registration, etc.)
e.	<input type="text"/> State Board	<input type="text"/> License No.	<input type="text"/> Date Issued	<input type="text"/> License Status	<input type="text"/> License Type (e.g., Full License, Permit Registration, etc.)
f.	<input type="text"/> State Board	<input type="text"/> License No.	<input type="text"/> Date Issued	<input type="text"/> License Status	<input type="text"/> License Type (e.g., Full License, Permit Registration, etc.)

**I agree to render all medical services without accepting a fee or salary or perform only initial or follow-up examinations at no cost to the patient and the patient's family through a charitable organization.**

**I am not the subject of any unresolved complaint in any state, territory or possession of the United States.**

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

**Name or Company:**  **Phone:**

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

**E-Mail:**  **Date:**

## QUESTIONNAIRE

1. Since issuance of your last Pro Bono Registration:

a. Have any disciplinary actions been taken against you?

Yes  No

b. Are you currently the subject of any unresolved complaint in any state, territory or possession of the United States?

Yes  No

NOTE: In the event that the response to any of the questions above is "Yes," you must file an explanation.

Failure to properly answer these questions can result in Board disciplinary action, including revocation or denial of license.

**NOTE: Arizona law requires an applicant who has been charged with a felony or a misdemeanor involving conduct that may affect patient safety after submitting the application to notify the Board within 10 days after the charge is filed. A.R.S. §32-3208. For a list of reportable misdemeanors, see the website under Physician Center - Reportable Misdemeanors. All felonies are reportable.**

First Name:

Last Name:

**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 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:**

**First Name:**

**Last Name:**

# INFORMATION

## A.R.S. § 32-1428: Pro Bono Registration

A. The board may issue a pro bono registration to allow a doctor of medicine who is not a licensee to practice in Arizona for sixty days each calendar year if the doctor meets the following requirements:

1. Holds an active and unrestricted license to practice medicine in a state, territory or possession of the United States or an inactive license pursuant to Arizona Revised Statute section 32-1431.
2. Has never had the license revoked or suspended.
3. Is not the subject of an unresolved complaint.
4. Applies for registration on a yearly basis as prescribed by the board.
5. Agrees to render all medical services without accepting a fee or salary or performs only initial or follow-up examinations at no cost to the patient and the patient's family through a charitable organization.

B. The sixty days of practice prescribed pursuant to subsection A of this section may be performed consecutively or cumulatively during each calendar year.

C. For the purpose of meeting the requirements of subsection A of this section, an applicant shall provide the board the name of each state in which the person is licensed or has held a license and the board shall verify with the applicable regulatory board of each state that the applicant is licensed or has held a license, has never had a license revoked or suspended and is not the subject of an unresolved complaint. The board may accept the verification of the information required by subsection A, paragraphs 1, 2 and 3 of this section from each of the other state's regulatory board either electronically or by hard copy.

## R4-16-202: Application and Reapplication for Pro Bono Registration

A. An applicant for a pro bono registration to practice medicine for a maximum of 60 days in a calendar year in Arizona shall submit the following information on an application form available on request from the Board and on the Board's web site:

1. Applicant's full name, social security number, business and home addresses, primary e-mail address, and business and home telephone numbers;
2. List of all states, U.S. territories, and provinces in which the applicant is or has been licensed to practice medicine,
3. A statement verifying that the applicant:
  - a. Agrees to render all medical services without accepting a fee or salary; or
  - b. Agrees to perform only initial or follow-up examinations at no cost to the patient or the patient or the patient's family through a charitable organization.

B. In addition to the application form required under subsection (A), an applicant for a pro bono registration to practice medicine shall submit documentation listed under A.R.S. § 41-1080(A) showing that the applicant's presence in the U.S. is authorized under federal law.

C. An applicant may make application for a pro bono registration annually. A previously registered applicant may apply for a pro bono registration by **submitting** the following information on an application form available on request from the Board and on the Board's web site:

1. Applicant's full name, social security number, business and home addresses, primary e-mail address;
2. Number of previous pro bono registration;
3. Name of each state, U.S. territory, and province in which the applicant holds an active medical license;
4. A statement whether since issuance of the last pro bono registration:
  - a. Any disciplinary action has been taken against the applicant, and
  - b. Any unresolved complaints are currently ending against the applicant with any state board; and
5. If the document submitted under R4-16-202(B) was a limited form of work authorization issued by the federal government, evidence that the applicant's presence in the U.S. continues to be authorized under federal law.

The Board will, promptly and in writing, notify the applicant of any deficiencies in the reapplication that prevents the registration from being processed.

On request, the Board shall grant an applicant who disagrees with the statement of deficiency a hearing before the Board at its next regular meeting if there is time at that meeting to hear the matter. The Board shall not delay this hearing beyond one regularly scheduled meeting. At any hearing granted pursuant to this subsection, the burden of proof is on the applicant to demonstrate that the alleged deficiencies do not exist.

**First Name:**

**Last Name:**