Arizona Medical Board
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DATA DISK REQUEST FORM
POSTGRADUATE TRAINING PERMIT

The Arizona Medical Board produces a file containing the Physician Postgraduate Training Permit database on a monthly basis. The data is provided as an Excel file. This data disk contains public information on Physicians including the following:

Name of Physician, License Number, License Status, License Original Issuance Date, Start Date, and License Expiration Date.

Format: (choose one) **Quantity:** _____ **x Price Per Unit: $100.00 = Total Price:** _____

☐ **E-mail/Address:** _____

Upon receipt of payment, the data disk will be e-*mailed* to the address listed above. For your convenience, in addition to direct payments by check or money order, the Board accepts Visa, MasterCard and American Express.

The Arizona Medical Board will only accept credit card payment via mail (US, FedEx, UPS, or any other mail carrier). Any credit card information received via any other method will not be processed and will be destroyed.

*Data disks may also be purchased and picked up at the Board's office from 8am to 5pm. *(Please call ahead for expedited service.)*

Type of Card: ☐ **Visa** ☐ **Mastercard** ☐ **Amex**

Card Number: _____ **Expiration Date:** _____

(No dashes between numbers)

Name as Shown on Payment Card: _____

Billing Address of Cardholder: _____ **City:** _____ **State:** _____ **Zip:** _____
(Required)

Office Phone: _____

Mailing Address of Cardholder: _____ **City:** _____ **State:** _____ **Zip:** _____
(If different from billing address)

Cardholder Signature: _____ **Date:** _____
(Required)

For receipt, please include an e-mail address for submission: **E-mail:** _____