Arizona Medical Board
Arizona Regulatory Board of Physician Assistants
1740 W. Adams St, Suite 4000 Phoenix, AZ 85007 Phone
(480) 551-2700 www.azmd.gov

DATA DISK REQUEST FORM

The Arizona Medical Board and the Arizona Regulatory Board of Physician Assistants produces a file containing the Physician and Physician Assistant database on a monthly basis. The data is provided as an EXCEL file. This data disk contains public information on Physicians and Physician Assistants including the following:

Name, License Number, Office/Mailing Address, Office Telephone Number, License Status, In-State or Out-of-State Practice, License Issuance Date, Last Renewal Date, License Expiration Date, Education, Year of Graduation, Fields of Practice, and Board Actions. The data disk also indicates whether a Physician holds a dispensing Certificate.

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:** ☐