



Naturopathic Physicians Medical Board

“Protecting the Public’s Health”

1400 W. Washington, Ste. 230 Phoenix, AZ 85007

Phone: 602-542-8242 Fax: 602-542-3093

Renewal of Certificate to Engage in a Clinical Training Program

THE RENEWAL DATE IS THE EXPIRATION DATE PRINTED ON YOUR CLINICAL TRAINING CERTIFICATE

You should have received a copy of your certificate from the Registrars office.

RENEWAL FEE: \$225.00 Check or money order payable to AZND Board

Pursuant to A.R.S. 32-1526 (H) and R4-18-107 (D) (4), a late fee of **\$113.00** will be assessed for failure to renew ***by the renewal date.***

For future reference, A.R.S. 32-1507 (A), “Each person who holds a license or **certificate** pursuant to this chapter shall inform the board in writing, within thirty days, of any change in status of that person's initial application including any change of name, residence, practice address and telephone number and of each subsequent change of status. A licensee's or a certificate holder's residential address and residential telephone number or numbers are not available to the public unless they are the only address and numbers of record. (**ADDRESS CHANGE FORM ON WEBSITE**)

Print Clearly

Certificate # _____ Original Issue Date: _____ SSN Last 4 digits: _____

Last Name _____ First Name: _____

Former Names Used: _____

Email Address: _____ Cell Phone Number: _____

Home Mailing Address: _____
Street Apt #

City: _____ State: _____ Zip: _____

Signature: _____ **Date:** _____

Office Use ONLY Received Received	Processed	Emailed	Agenda
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