



**Arizona Naturopathic Physicians Medical Board 1400 W. Washington Ste. 230 Phoenix AZ
85007 Phone: 602-542-8224 Fax: 602-542-3093**

ANNUAL 2016 RENEWAL OF CERTIFICATE TO DISPENSE

Renewal Fee: \$225.00 Due By July 1, 2016

If application is postmarked after July 1, 2016 a **late fee** of \$113.00 is required. *(Late fee cannot be waived)*
Make Check Payable to: State of Arizona Naturopathic Medical Board, mailed to the address listed above.
Fees are nonrefundable.

I am renewing a Certificate to Dispense at a **NOT-FOR-PROFIT** organization/ *Public Health Facility*. YES [] NO []
The fee of \$225.00 is waived, however you are still required to submit a complete renewal application.

ANY PHYSICIAN WHO DISPENSES NUTRITIONAL SUPPLEMENTS, HOMEOPATHIC MEDICATION, BOTANICAL MEDICATION, NON-PRESCRIPTION OR PRESCRIPTION-ONLY MEDICATION OR CONTROLLED SUBSTANCE TO A PATIENT IS REQUIRED BY LAW TO OBTAIN A CERTIFICATE TO DISPENSE FROM THIS BOARD.
Incomplete or unreadable applications will not be processed.

Physician Name. _____ Medical License No. _____

Certification to Dispense No. _____ **Email** _____

Primary Practice Location

Suite #: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____

Secondary Location

Suite # _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____

Have you been issued a DEA Number by the United States Drug Enforcement Administration to dispense controlled substances?

NO [] YES [] **DEA Number:** _____

Has any complaint been filed or action been taken against you by any court or by any Federal or state agency for dispensing of any device, substance or drug? YES [] NO []

If YES, on a separate sheet of paper attach to this application the following: list the name and address of the court, federal or the state agency in which the complaint was filed. Include Official Documentation of any action taken by the court, federal or the state agency. Include a complete explanation of events along with patient records.

I hereby attest to the Board that I am the physician named on this renewal form; the answers provided and any statement submitted with the renewal form is true and correct. Signature of licensee is required

Physician Signature

Date

For Board Use Received	Emailed	Agenda
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