*STATE OF ARIZONA*
**NATUROPATHIC PHYSICIANS MEDICAL BOARD**
1400 W. Washington, Ste. 230 Phoenix, AZ. 85007 602-542-8242 Fax 602-542-3093 www.aznd.gov

# Annual Renewal of Medical Assistant Certificate DUE BY JULY 1, 2016

**INCOMPLETE / UNREADABLE FORMS WILL NOT BE PROCESSED. FEES ARE NON REFUNDABLE.**

**Renewal fee $150.00 If postmarked after July 1, 2016 application is considered delinquent. Include late fee of $75.00, Late fee cannot be waived.**

Legal Name: _____
Last Name First Name Middle Name

Birth date: _____ SSN # _____Medical Assistant Number:_____

**Are you a United States Citizen?** Yes____ No___ ***OR***
Are you a legal resident authorized to work in the United States? Yes_____ No_____ Attach a legible copy of the front and the back (if any) of a document that evidences your status A.R.S. §1-501. A complete list of acceptable documentation is available on www.aznd.gov

Clinic Name Where you will be working: _____ _____

Work Address: _____
Street City State Zip

Work Phone Number:_____ **Supervising Naturopathic Physician**:_____

Attach list of additional office locations if applicable. You will be required to have a separate certificate for each location.

Applicants Home Address: _____
Street City State Zip

Home Number_____ Cell Number: _____

Email Address_____

*Since your last certificate renewal or certificate issuance*:
___Yes ___No Were you arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor?
___Yes ___No Did you have a license/certificate, including a driver's license, suspended or revoked by any agency?
___Yes ___No Were you disciplined by any agency for any act of unprofessional conduct?
___Yes ___No In lieu of disciplinary action by an agency, did you entered into a consent agreement or stipulation with a licensing agency?
___Yes ___No Do you have a complaint(s) pending before any agency?
___Yes ___No Were you a defendant in any malpractice matter that resulted in settlement of judgment?

***An applicant is required to submit a written supplement to this application if the answer is YES to any of the above questions. The fact that a conviction and/or criminal offense has been pardoned, expunged or dismissed, or that your civil rights have been restored does not mean that you can answer "No" to questions 1 and 2.** I submitted a written supplement to this application for the above questions. ___ **Yes** ___ **No**

I am renewing my Medical Assistant Certificate. I have submitted the appropriate fee for the renewal of my certificate. I do herby attest that I am the lawful holder of the Medical Assistant credentials named in this renewal; that all information contained in the application and evidence submitted with it are true and correct. The credentials submitted were not procured by fraud or misrepresentation or any mistake of which the applicant is aware.

Date: _____ Signature:_____

I am no longer working as a Naturopathic Medical Assistant, and do not wish to renew my Naturopathic Medical Assistant Certificate at this time.

Date: _____ Signature: _____

| *Office Use* | *Receipted* | *Emailed* | *Agenda* |
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**Revised 4/2016**