



STATE OF ARIZONA
NATUROPATHIC PHYSICIANS MEDICAL BOARD

1400 W. Washington Ste. 230 Phoenix, AZ 85007
Phone: 602-542-8242 Fax 602-542-3093 www.aznd.gov Info@aznd.gov

APPLICATION FOR MEDICAL ASSISTANT CERTIFICATE

APPLICATION FEE \$100.00 Money Order payable to the AZND Board is the only form of payment accepted. Check the laws and rules section of our website under 32-1559, regarding the naturopathic medical assistant. Certificates renew each year on or before July 1st.

I, _____, make application to the State of Arizona Naturopathic Physicians Medical Board for a Certificate as a Naturopathic Medical Assistant. As a certified Naturopathic Medical Assistant I will be authorized to assist under direct supervision, Per A.R.S. 32-1501 (a), a doctor of naturopathic medicine in only the procedures outlined in R4-18-605, but not the diagnosis of patients in the practice of naturopathic medicine in accordance with Arizona Revised Statutes, Title 32, Chapter 14, 32-1501, et., seq., and Arizona Administrative Code, Title 4, Chapter 18, R4-18-101, et seq. I understand the filing of this application grants authority to the Board to obtain information from any licensing agency, school, accrediting agency or board in the United States or another country; and that I shall make an oath as the contents of my application and credentials submitted to the Board and that I acknowledge that any falsification in my application to the Board is adequate cause by the Board to deny my application; and that the Board may report any falsification of information to other licensing agencies and boards. **THIS APPLICATION AND ANY DOCUMENT SUBMITTED WITH THIS APPLICATION BECOMES THE PROPERTY OF THE STATE OF ARIZONA AND IS NOT RETURNED TO THE APPLICANT. INCOMPLETE OR UNREADABLE APPLICATIONS ARE DENIED BY THE BOARD.** Alternative format of Submitting This Application An individual with a disability who, as a result of that disability, requires this application in an alternative format may contact the Board's Americans with Disability coordinator at Voice Telephone Number (602) 542-3095, or through Voice Replay Service at (800) 842-4681 or the TTY Service at (800) 367-8939 to make the need known. Pursuant to A.R.S. § 41-1030 (B) An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. Pursuant to A.R.S. §41-1030 (D) This section may be enforced in a private civil action and relief may be awarded against the State. The Court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the State for violation of this section Pursuant to A.R.S. §41-1030 (E) A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy. Pursuant to A.R.S. §41-1030 (F) This section does not abrogate the immunity provided by Section 12-820.01 OR 12-820.02.

Please Print:

Legal Name: _____
Last Name First Name Middle Name

Date of Birth: _____ Place of Birth: _____

SSN # ____/____/____ Gender: F M Height: ____ Weight: ____ Hair color: ____ Eye Color: ____

Home Mailing Address: _____
Street City State Zip

Home/ Cell Phone Number: _____ Applicant Email Address: _____

TO BE COMPLETED BY SUPERVISING PHYSICIAN

Name of Naturopathic Supervising Physician: _____

Medical Assistant will be employed at the following location

Street address Ste. City State Zip

Phone Email

I will be the supervising physician for the Naturopathic Medical Assistant applicant. I have read and understand the following: Title 4. Chapter 18, Article 6, R4-18-601, R4-18-602, R4-18-603, R4-18-604 and R4-18-605, the rules regarding Naturopathic Medical Assistants.

Signature of Supervising Physician: _____ **Date:** _____

Name of Employer if different from Supervising Physician. _____

Applicant: You must provide a copy of a certificate of completion or diploma from an approved medical assistant program.

Name of School Where Medical Assistant Training was completed: _____

Medical Assistant training must be in compliance as outlined in R4-18-601 1, (a). i., ii. iii. (b).

Address: _____
Street City State Zip

List all licenses and certificates issued or denied, by any licensing agency. Continue on separate sheet if necessary.

1. Check all that apply: License Certificate Issued Denied

Name of licensing agency or board _____

Address _____
Street Ste. City State Zip

Submit a list on a separate piece of paper if needed. **Verification of licensure must be sent to the Board directly from each agency. Contact each agency and request written verification to be sent to the Naturopathic Physicians Medical Board.**

You are required to answer all of the following questions

1. Have you ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor? [] Yes [] No
2. Have you ever had a license/certificate, including a driver's license, suspended or revoked by any agency? [] Yes [] No
3. Have you ever been disciplined by any agency for any act of unprofessional conduct as defined in Arizona Revised Statutes, Section 32-1501? [] Yes [] No
4. In lieu of disciplinary action by an agency, have you ever entered a consent agreement or stipulation with a licensing agency? [] Yes [] No
5. Do you have a complaint pending before any agency? [] Yes [] No
6. Have you ever been found guilty of being medically incompetent? [] Yes [] No
7. Have you ever been a defendant in any malpractice matter that resulted in a settlement or judgment? [] Yes [] No
8. Do you have any medical condition that in any way impairs or limits your ability to function as a Naturopathic Medical Assistant? [] Yes [] No

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.

[] Yes [] No I submitted a written supplement to this application for the above questions.

The Criminal Justice Information Report received by the Board from the United States Department of Justice Federal Bureau of investigation will include all arrests including juvenile arrests even when records are expunged by a court of law. In a written supplemental statement to the Board, an applicant is required to list all arrests, pleas and convictions, jail or prison time served and any probation served. Failure to provide complete information for questions answered Yes on this page may require the applicant to appear before the Board for a personal interview.

ARIZONA STATEMENT OF CITIZENSHIP OR ALIEN STATUS FOR STATE PUBLIC BENEFITS
Professional License and Commercial License
Arizona Naturopathic Physicians Medical Board

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit. **Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.**

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I - Applicant's Name _____

SECTION II - CITIZENSHIP OR NATIONAL STATUS DECLARATION _____ See Document List Attached.

Are you a citizen or national of the United States? Yes No If you answered **yes**,

1) Attach a legible copy of a document from the attached list.

2) Name of Document _____

3) Go to section IV.

If you answered **No**, you must complete Section III and IV

SECTION III-ALIEN STATUS DECLARATION To be completed by applicants who are not citizens or nationals of the United States. Indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status.

Name of document provided _____

Qualified Alien Status (8 U.S.C.§§ 1621(a)(1),-1641(b) and (c)), Nonimmigrant Status (8 U.S.C. § 1621(a)(2)), Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3)), Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

SECTION IV - Declaration ALL APPLICANTS MUST COMPLETE THIS SECTION

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

Signature of Applicant

LIST A: U.S. CITIZEN OR U.S. NATIONAL Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence: See Arizona Revised Statutes § 41-1080 for a complete list

- (1) An Arizona driver license issued after 1996 or an Arizona nonoperating identification license issued after 1996,
- (2) A United States birth certificate
- (3) United States passport;
- (4) A foreign passport with a United States visa.
- (5) A United States citizenship and immigration services employment authorization document or refugee travel document.

____ I have read and understand Title 4, Chapter 18 Article 6, R4-18-601, R4-18-602, R4-18-603, R4-18-604 and R4-18-605, the rules regarding Naturopathic Medical Assistants.

I, _____ being first duly sworn upon his or her oath deposes and says all of the following: I am the person named in this application. I have read and understand the contents of this application. The information contained in this application is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation. I hereby authorize any hospital, institution, organization, personal physician, past or present employer, past or present business or professional associate or any local, state, federal or foreign governmental agency to release any information to the State of Arizona in connection with my application and state that a photocopy of this authorization shall have the same effect as the original. I also authorize the State of Arizona Naturopathic Physicians Medical Board, or its successor, to release any information submitted by me, upon request, to the public or to any licensing agency, or to any other person, when such request is required or permitted by Arizona Revised Statutes. I acknowledge that any falsification in my application is cause to deny my application or for the Naturopathic Physicians Medical Board to hold a hearing to revoke any naturopathic medical student internship, preceptorship or preceptorship training registration that is issued to me by the Board. I authorize the Board to tape record any application interview that is conducted of me in regards to this application.

Signature of Applicant: _____

Subscribed And Sworn To Before A Notary Public:

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public Signature _____ **My Notary Commission Expires** _____

Attach the Following to this Document:

- Money Order payable to AZND Board in the amount of \$100.00
- Money Order payable to DPS in the amount of \$22.00
- A photocopy (8 1/2 X 11 or smaller) of Certificate or Diploma from an approved Medical Assistant School
- Completed and legible fingerprint card:
- One passport-size photograph taken *within the last 60 days, signature on back.*
- List of all other licenses or certificates issued or denied by another agency, if applicable. Requested verification
- Written supplementation regarding any answer you marked yes to on questions 1-8 on page two of this application, if applicable.
- Legible copy of document. Citizenship/Alien Status Documentation (A.R.S.§1-501) All applicants must submit documentation regarding their citizenship/alien status with their application.

Revised 7/2015

Office Use Only

Received	Processed	Emailed	Agenda
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