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**ANNUAL RENEWAL OF CERTIFICATE TO DISPENSE / Due By July 1, 2015**

**Renewal Fee: \$225.00**

**Late fee: \$113.00: If application is postmarked after July 1, 2015 (Late fee cannot be waived)**

**Make Check Payable to:** State of Arizona Naturopathic Medical Board **Mail to:** 1400 W. Washington, Ste 230 Phoenix AZ. 85007  
If you are renewing a Certificate to Dispense at a not-for-profit organization/Public Health Facility, the fee of \$150.00 is waived, however you are still required to submit a complete renewal form. **FEES ARE NONREFUNDABLE Incomplete or unreadable applications will not be processed.** 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.

Physician Name. \_\_\_\_\_ Medical License No. \_\_\_\_\_

**Certification to Dispense No.** \_\_\_\_\_

**Primary Practice**

**Location:** \_\_\_\_\_

Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

**Secondary Location**

\_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

I am renewing a Certificate to Dispense at a **not-for-profit organization**. YES [ ] NO [ ]

**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**