



Governor
Doug A. Ducey

Naturopathic Physicians Medical Board
"Protecting the Public's Health"

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Certificate to Engage in a Clinical Training Renewal

R4-18-502. Annual Renewal of a Certificate to Engage in Clinical. A holder of a certificate to engage in clinical training shall renew the certification by submitting before the expiration date of the certificate a completed clinical training renewal form. (You should have received a copy of your certificate from the Registrars office.)

RENEWAL FEE: \$225.00 on or before the expiration, with a check or money order payable to AZND Board
If application is postmarked after the expiration date, a late fee of \$113.00 is required.

Pursuant to A.R.S. 32-1526 (H) and R4-18-107 (D) (4).

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 changes can be emailed, also there is an Address Change form on our website.

Print Clearly

Last Name _____ First Name _____ SS# 4 digits _____

Certificate # _____ Original Issue Date _____

Former Names Used: _____

Email Address: _____

Home Mailing Address: _____

City _____ State _____ Zip _____

Is this a new address? Yes No Cell Phone Number: _____

I hereby attest to the board that I am the certificate holder named on this renewal form; the answers provided and any statement submitted with the renewal form is true and correct. Signature is required

Signature: _____ Date _____

Office Use Only

DATE RECEIVED	
APPLICATION COMPLETE DATE	
PLACED ON AGENDA / BOARD MEETING DATE	
SECOND CHECK AGENDA	
CERTIFICATE PROCESSED AND SENT DATE	