



State of Arizona Naturopathic Physicians Medical Board

1740 W Adams Suite 3002 Phoenix, AZ 85007

Executive Director; Ms. Gail Anthony

Phone: 602-542-8242 Website: www.aznd.gov

APPLICATION FOR CERTIFICATE TO ENGAGE IN A CLINICAL TRAINING PROGRAM

Include the following with your application:

APPLICATION CERTIFICATE FEE: MONEY ORDER in the amount of \$100.00 made payable to "AZ ND BOARD"

Completed Fingerprint Card along with MONEY ORDER in the amount of \$22.00 made payable to "DPS"

Copy of Southwest College Student ID

Copy of Documentation for proof of Citizenship or Alien Status.

DID YOU

Table with 2 columns and 3 rows regarding application requirements and understanding of the certificate renewal process.

I, \_\_\_\_\_, hereby make application to the State of Arizona Naturopathic Physicians Medical Board (Board) for a Certificate to Engage in a Clinical Training Program in naturopathic medicine as a naturopathic medical student to diagnose and treat patients in the practice of naturopathic medicine under the supervision of a physician licensed by the Board in accordance with Arizona Revised Statutes, Title 32, Chapter 14, section 32-1501, et. Seq. and any applicable provision of Arizona Administrative Code, Title 4, Chapter 18, Section R4-18-101, et seq.

I understand: The filing of this application grants authority to the Board to obtain information from the medical school that I am attending and from any licensing agency or board in the United States or another country. That any falsification in my application to the Board is adequate cause for the Board to deny my application. The Board may also deny my application based on a felony conviction or a conviction regarding moral turpitude (A.R.S. 32-124(i)). The Board, upon notice to me, may hold a hearing to revoke the clinical training certificate that was or may be issued to me by the Board. That if I cease to be enrolled at the medical school named in this document or fail to diagnose and treat patients under the supervision of a physician licensed by this Board or by a physician licensed pursuant to Chapter 13 (M.D.), 17 (D.O) or 29 (M.D.(H)) of this title that the Board may, in accordance with statutory provisions and Board rules, cancel or revoke the certificate that is issued to me by the Board. Per R4-18-502,

Print Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Former name used \_\_\_\_\_

Email Address \_\_\_\_\_

Birth Date \_\_\_\_\_ SS# \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Home Address: \_\_\_\_\_ City State Zip

Phone Number: \_\_\_\_\_

Name of School: \_\_\_\_\_

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

Office use

Table with 4 columns: Receipted, Emailed, Agenda, and an empty column.

Name of Clinical Training Site: \_\_\_\_\_

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

Date of Clinical Entry: \_\_\_\_\_ Date of Completing Clinical Training: \_\_\_\_\_

Name of Supervising Physician for Clinical Training: \_\_\_\_\_

Name of Chief Medical Officer Clinical Training Program: \_\_\_\_\_

ARIZONA STATEMENT OF CITIZENSHIP OR ALIEN STATUS FOR STATE PUBLIC BENEFITS  
Professional License and Commercial License

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.** (List A & B) on the website under Forms.

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 provided:** \_\_\_\_\_

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.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

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

- (1) An Arizona driver license issued after 1996 or an Arizona non-operating 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.
- (6) Report of a birth abroad of a U.S citizen (FS-240) (issued by the Department of State to U.S. Citizens.

**Answer the following questions****Yes or No**

Were you arrested or charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor?	
Did you ever have a Naturopathic Medical license/certificate, or any health profession license or certification denied, suspended, rejected, or revoked by any state, or another country?	
Were you disciplined by any agency in any state, or another country, for any act of unprofessional conduct as defined in ARS 32-1501?	
In lieu of disciplinary action by an agency, have you ever entered a consent agreement or stipulation with a licensing agency?	
Do you have a complaint pending before any agency or court of law?	
Have you ever been found guilty of being medically incompetent?	
Were you a defendant in any malpractice matter that resulted in a settlement or judgment?	
Have you ever had the authority to prescribe, dispense, or administer a natural substance, drug, or device limited, restricted, modified, denied, surrendered or revoked by a federal or state agency or court of law in any state or another country?	
Do you have any medical condition that in any way impairs or limits your ability to practice medicine?	

An applicant is required to submit a written supplement to this application. 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.

**I submitted a written supplement to this application if the answer is YES to any of the above questions. Yes \_\_\_ No \_\_\_**

\*The Criminal Justice Information Report received by the Board from the United States Department of Justice Federal Bureau of Investigation is inclusive of 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.

**Subscribed And Sworn To Before A Notary Public:**

State of \_\_\_\_\_)

County of \_\_\_\_\_)

**Print the Applicant's Full Name:** \_\_\_\_\_ **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 Board of Medical Examiners, 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 Board of Medical Examiners 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 myself in regards to this application.

**Signature of Applicant:** \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public Signature \_\_\_\_\_

**(OFFICIAL STAMP)**

Notary Public Commission Expires \_\_\_\_\_

Revised 5/8/2017