



ANNUAL RENEWAL OF CERTIFICATE TO DISPENSE

A.R.S. §32-1581 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.

Must include the following check all that applies to your renewal: Fees are nonrefundable.

Renewal Certificate to Dispense Fee: \$225.00 due on or before July 1. If application is postmarked after July 1, a late fee of \$113.00 is required. (Late fee cannot be waived) Make Check Payable to: State of Arizona Naturopathic Medical Board, mailed to the address listed above.

I am renewing a Certificate to Dispense at a NOT-FOR-PROFIT §32-1530 organization/ Public Health Facility. The fee of \$225.00 is waived, however you are still required to submit a complete renewal application. You must include proof of not for profit /tax exemption status with this renewal application.

If you would like to cancel your Certificate to Dispense, go to www.aznd.gov then Forms ->Request tab.

Physician last name: \_\_\_\_\_ First name: \_\_\_\_\_

Email: \_\_\_\_\_

Medical License # \_\_\_\_\_ Certification to Dispense # \_\_\_\_\_

Home

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

Is this an address change Yes No

Primary Practice Name: \_\_\_\_\_

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

Phone \_\_\_\_\_ Is this an address change Yes No

Secondary Location Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Is this an address change Yes No

Table with 4 columns: Mailing address, Primary Office Address, Secondary Office Address, Home Address. Includes definitions for each address type and a note about additional practice locations.

Drug Enforcement Certificate

Yes or No

Do you hold a DEA Number issued by the United States Drug Enforcement Administration [ ]
DEA Number: [ ]

Prescription Authority

Yes or No

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? [ ]
If yes, did you attach an explanation that includes the name and address of the federal or state agency or court having jurisdiction over the matter, and the disposition of the matter. [ ]

I hereby attest to the Board that I am the physician named on this renewal application; the answers provided and any statement submitted with the renewal application is true and correct. Signature of licensee is required

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Table with 4 columns: Receipt date, Entered, Emailed, Agenda