



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 https://nd.az.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 explanatory text 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