



STATE OF ARIZONA
NATUROPATHIC PHYSICIANS MEDICAL BOARD
“Protecting the Public’s Health”

1740 W Adams Ste. 3002 Phoenix, AZ. 85007 602-542-8242 email: info@aznd.gov www.aznd.gov

CERTIFICATE TO DISPENSE APPLICATION INSTRUCTIONS

Incomplete or unreadable applications will not be processed. Pursuant to A.R.S. §32-1524 (A), The filing of an application grants the board the authority to obtain information from any licensing board or agency in any state, district, territory or county of the United States or another country, from the Arizona criminal justice information system in the department of public safety and from the federal bureau of investigation. **(D)**, applications and any attendant evidence, credentials or other proof submitted with an application are the property of the board and part of the permanent record of the board. **A.R.S. §32-1581 Dispensing of natural substances, drugs and devices; conditions; civil penalty; dispensing minerals; definitions** (H) 1. "Device" means an appliance, apparatus or instrument administered or dispensed to a patient by a doctor of naturopathic medicine. 2. "Dispense" means the delivery by a doctor of naturopathic medicine of a natural substance, drug or device to a patient and only for a condition being diagnosed or treated by that doctor, except for free samples packaged for individual use by licensed manufacturers or re-packagers, and **includes the prescribing**, administering, packaging, labeling and security necessary to prepare and safeguard the natural substance, drug or device for delivery to the treating doctor's own patient. **R4-18-901. Definitions:** (3) "Certificate to dispense" means an approval granted by the Board to dispense a natural substance, drug, or device. Pursuant to A.R.S. § 41-1030 (B) An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. Pursuant to A.R.S. §41-1030 (D) This section may be enforced in a private civil action and relief may be awarded against the State. The Court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the State for violation of this section. Pursuant to A.R.S. §41-1030 (E) A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy. Pursuant to A.R.S. §41-1030 (F) This section does not abrogate the immunity provided by Section 12-820.01 OR 12-820.02.

R4-18-902. Qualifications for a Certificate to Dispense

- A. To qualify for a certificate to dispense, an applicant shall have completed before the submission date of the application, Board approved training in the safe administration of natural substances, drugs, or devices.
- B. The Board approves documentation of the following as evidence of completion of Board approved training in the safe administration of natural substances, drugs, or devices:
 - 1. Graduation from an approved school of naturopathic medicine after January 1, 2005; or
 - 2. Completion of a 60 hour or more pharmacological course on natural substances, drugs, or devices that is offered, approved, or recognized by one of the organizations in R4-18-205(B) (1) or R4-18-205(B)(2).
- B. The following are approved: **1.** Education certified as Category I by an organization accredited by the Accreditation Council on Continuing Medical Education; **2.** Continuing medical educational programs in the clinical application of naturopathic medical philosophy that are approved by; a. The American Association of Naturopathic Physicians or any of its constituent organizations, b. The Arizona Naturopathic Medical Association, c. Any naturopathic licensing authority in the United States or Canada.

Applicant signature is required below

You have read and understand Qualifications for a Certificate to Dispense R4-18-902. Yes _____ No _____

Signature _____ Date _____

OFFICE USE ONLY:

Applicant: _____ Date Received _____
 DEF. Sent _____ VIA _____ Entered into Database _____

FOR PROFIT: _____	NOT FOR PROFIT: _____
Not for Profit DOCUMENTATION RECIEVED	
APPLICATION FEE / COMPLETE APPLICATION	
LICENSE IN GOOD STANDING	
PRESCRIPTIVE AUTHORITY LIMITED	
IF YES COPY OF EVIDENCE	
GRADUTATED AFTER 1/1/2005	

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

OFFICE USE ONLY



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2 PAGE APPLICATION FOR CERTIFICATE TO DISPENSE

Application must include the following, check all that applies.

1. _____ **Application Fee \$225.00 Payable to:** Naturopathic Medical Board, mailed to address above.
(Fees are nonrefundable)
2. _____ **I am applying for a Certificate to Dispense for a *not-for-profit/tax exempt organization*.**
Pursuant to A.R.S. Applying for Not-For Profit §32-1530 (No Fee Required)
3. _____ **You are required to include proof of not for profit /tax exemption status with this completed application.**

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Physician Name: _____ Medical License No. _____
Last First

Email Address: _____ Social Security # (last 4 digits) _____

Home Address _____

Other Address: _____

City: _____ State: _____ Zip: _____ Phone _____

Practice Address _____ Suite #: _____

City: _____ State: _____ Zip: _____ Phone _____

Is this a Corporation?	YES	NO
Check one mailing address	Practice	Home Other

List all additional practice locations on a separate piece of paper and attach to this form.

Drug Enforcement Certificate

Yes or No

Do you hold a DEA Number issued by the United States Drug Enforcement Administration	
DEA Number:	List all DEA # held:

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.	

Yes or No

I graduated from an approved school of naturopathic medicine AFTER January 1, 2005.	
If NO , you must submit proof of completion of 60 hours in pharmacology. Completion of the pharmacology modules given by the AZNMA in past years may be eligible as proof, as well as copies of completion of the required 10 hours of pharmacology due each year in order to renew your medical license.	

Signature Required

I hereby attest to the Board that I am the physician named on this application form; the answers provided and any statements submitted with the application form are true and correct, and the credentials submitted were not procured by fraud or misrepresentation or any mistake of which the applicant is aware. I agree to conform to all federal and state statutes regulations, and rules.

Physician Signature

Date