



State of Arizona Naturopathic Physicians Medical Board

1740 W. Adams, Ste. 3002, Phoenix, AZ 85007 • Telephone 602-542-8242 Website <https://nd.az.gov>

Katie Hobbs – Governor

INTERSTATE TELEHEALTH PROVIDER REGISTRATION FORM

Provider Name _____

Address _____

Email _____ Telephone _____

Urgent Situation Contact Info _____

Social Security Number _____ Birthdate _____

License Verifications – List State and License number for every professional license / certificate held regardless of status.

State	License/Cert. Number	State	License/Cert. Number

Provide separate page if additional space is needed

Initial the following

____ I affirm I am including with this registration, official verification details from my licensing board (or their website). Note, license verification is **NOT** a copy of your license, but official details obtained through your licensing board including but not limited to, issue date, expiration date, status, disciplinary history (or lack thereof).

____ I affirm I hold a current, valid, and unrestricted license in another state.

____ I affirm I am not subject to any past or pending disciplinary proceedings in any jurisdiction.

____ I affirm I must notify the Arizona Naturopathic Physicians Medical Board within 5 days after any restriction or disciplinary action is initiated or imposed on any license/certificate.

Professional Liability Insurance Coverage Required

____ I affirm I have professional liability insurance coverage.

____ I affirm that my liability insurance covers telehealth services provided in Arizona.

____ I affirm I am including with this registration, proof of professional liability coverage.

Duly Appointed Statutory Agent for Service of Process in Arizona Required.

____ I affirm I have a duly appointed statutory agent for service of process in Arizona.

____ I affirm I am including with this registration, proof of a duly appointed statutory agent on that agents letterhead.

Provide Duly Appointed Statutory Agent Contact Information

Name _____

Address _____

Email _____ Telephone _____

Interstate Telehealth Registration Annual Update/ Renewal

____ I understand that I must update/renew this registration annually.

____ I understand that as part of my annual registration update/renewal I must submit a report to the State of Arizona Naturopathic Physicians Medical Board that includes the number of patients I have served in Arizona and the total number and type of encounters in this state for the preceding year.

Signing this document affirms that the registry applicant:

Acts in full compliance with all applicable laws and rules of this state, including scope of practice, laws and rules governing prescribing, dispensing, administering prescription drugs and devices, telehealth requirements and the best practice guidelines adopted by the telehealth advisory committee on telehealth best practices established by section 36-3607. Complies with all existing requirements of this state and any other state in which the health care provider is licensed regarding maintaining professional liability insurance, including coverage for telehealth services provided in this state. Consent to this state's jurisdiction for any disciplinary action or legal proceeding related to the health care provider's act or omissions under this article. Follows this state's standard of care for the profession of naturopathic medicine. Understands that a health care provider who is registered pursuant to this section may NOT: a. Open an office in this state except as part of a multi-state provider group that includes at least one health care provider who is licensed in this state through the State of Arizona Naturopathic Physicians Medical Board, b. Provide in-person health care services to persons located in this state without first obtaining a license through the State of Arizona Naturopathic Physicians Medical Board. Understands that failure to comply with the applicable laws and rules of this state is subject to investigation and both non-disciplinary and disciplinary action by the State of Arizona Naturopathic Physician Medical Board. Under penalty or perjury, I declare and affirm that the statements made in this interstate telehealth provider registry are complete and correct and that any false or misleading information may be cause for denial or disciplinary action. To the best of my knowledge and belief I am not in violation of the provisions of the State of Arizona Naturopathic Physicians Medical Board Law.

Signature

Date

Remit complete form with required attachments to:
State of Arizona Naturopathic Physicians Medical Board
1740 W. Adams, Ste. 3002
Phoenix, AZ 85007