

Requirements for Naturopathic Medical Licensure in the State of Arizona

READ CAREFULLY: APPLIATION FEES ARE NON-REFUNDABLE

Please review the requirements for licensure under the Arizona Revised Statutes and Rules prior to applying.

The information is available on the website www.aznd.gov

- **Once your application has been received and reviewed**, the Board will send you **ONE NOTICE OF INCOMPLETENESS** indicating any required materials that have not yet been received. The notice is typically sent via email, so make certain the Board has your current email address. The Board shall consider an application withdrawn if within 365 days from the sending of the incomplete notice, the applicant fails to supply the missing information requested in the notice. 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 investigations. Pursuant to A.R.S. 32-1524(D); All applications submitted to the board 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 and shall not be returned to a withdrawing applicant.
- **Pursuant to R4-18-201, R4-18-202** Successful completion of the Jurisprudence Examination is a requirement for licensure. If you have not already taken the examination, arrangements can be made by contacting the Board office.
- **Pursuant to A.R.S. § 41-1080 requires**, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.
- **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.
- **Pursuant to A.R.S. §32-1522.** To be eligible for a license to practice naturopathic medicine pursuant to this chapter, the applicant shall: (1) Be a graduate of **an approved school** of naturopathic medicine. (2) Have satisfactorily completed an approved internship, preceptorship or clinical training program in naturopathic medicine. (3) Possess a good moral and professional reputation.(4) Be physically and mentally fit to practice as a doctor of naturopathic medicine. (5) Not be guilty of any act of unprofessional conduct or any other conduct which would be grounds for refusal, suspension or revocation of a license under this chapter. (6) Not have had a license to practice any profession refused, revoked or suspended by any other state, district or territory of the United States or another country for reasons which relate to his ability to skillfully and safely practice as a physician in this state. (7) File a completed application pursuant to section 32-1524 and pass the examination provided for in section 32-1525.

Check List for Applicant

- Complete the application form printing *legibly*. Sign application and attach the required documents and fees. Only "complete" applications are considered by the Board. Failure to provide all the requested information will delay the processing of your application. Applicants are subject to requirements in effect at the time of filling.
- Included one passport size photograph taken within the last 60 days. Print name on back of photograph.
- I have requested an official copy of my transcript issued by my naturopathic medical school, to be sent to the Board.
- I have requested official transcripts from NPLEX to be sent to the Board providing evidence of passing Part I, Part II and the required add ons of acupuncture and minor surgery. (Applicants for licensure by endorsement may be issued a limited scope license should they fail to provide evidence of passing the add ons.)
- I have enclosed a complete fingerprint card along with the required fee. A MONEY ORDER in the amount of \$22.00 payable to DPS This fee is not refundable. PLEASE NOTE: **Finger print clearance cards are not accepted.**
- I took and passed the Jurisprudence Examination OR I have made arrangements to take the Examination.
- Provided Citizenship /Alien Status Documentation Required State Law (A.R.S. § 41-1080)
- I have included the application fee in the form of a money order payable to AZND Board
- Applicant by endorsement. I have requested verification of licensure to be sent directly to the Arizona Board.
- I have included a detailed explanation and supporting documentation for each affirmative background answer.



State of Arizona Naturopathic Physicians Medical Board

"Protecting the Public's Health"

1400 W. Washington, Ste. 230 Phoenix, AZ 85007

Phone: 602-542-8242 Fax: 602-542-3093 Email: Info@aznd.gov Website: www.aznd.gov

APPLICATION FOR NATUROPATHIC MEDICAL LICENSE

APPLICATION FEE \$225.00, check or money order payable to the AZ ND Board.

FEES ARE NONREFUNDABLE. INCOMPLETE OR UNREADABLE APPLICATIONS ARE DENIED BY THE BOARD.

For an alternative format of submitting this application who requires this application in an alternative format as a result of a disability, may contact the Board, or through Voice Replay Service at (800) 842-4681 or the TTY Service at (800) 367-8939 to make the need known.

This Application is for:

1. Regular Medical License (License by Exam)
2. Medical License by Endorsement from the State/Province of _____
 Medical License by Endorsement - Reduce Scope
3. I am requesting a temporary license upon application completion. There is no additional fee required.
I understand a temporary license is valid until the last day of the month in which the Board approves my application.

Applicant's Legal Name: _____
Last First Middle (Maiden)

List Any Former Names Used: _____
(Maiden or Other)

Office Address: _____ **Ste. #** _____

City: _____, **State:** _____ **ZIP Code:** _____

Business Name: (if any): _____

Office Phone:(____) _____ **Office Fax:** (____) _____ **Office Email:** _____

Home Address: _____ **Apt. #** _____

City: _____, **State:** _____ **Zip Code:** _____

Cell Number (____) _____ **Telephone:** (____) _____

Email Address: _____

Mailing Address: _____ **Apt. /Ste#** _____

City: _____, **State:** _____ **Zip Code:** _____

Date of Birth: ____/____/____ **Place of Birth:** _____
City State/ Country

Social Security Number _____ - _____ - _____

<i>Office Use Received</i>	<i>Processed</i>	<i>Emailed</i>	<i>Agenda</i>
Board Use: Type of documentation submitted		Date Issued:	Any Expiration Date:

Medical School Information

Name / address of Medical School from Which Applicant Graduated: _____

_____ Date Graduated: _____ / _____ / _____

Name and address of Clinical Training Facility: _____

_____ Date of clinical training completion: _____

I requested my official transcript to be sent directly to the Board on _____ / _____ / _____.

National Examination Information

Pursuant to A.R.S. 32-1525, an applicant for licensure in the State of Arizona must take and pass the North American Board of Naturopathic Examiners (NABNE) NPLEX examination.

- **Part One:** I took and passed the NABNE Basic Sciences Examination on : _____ / _____ / _____.
- **Part Two:** I took and passed the NABNE Clinical Science Examination on _____ / _____ / _____.
- **I took and passed** the NABNE elective practice area examination in **Acupuncture** on _____ / _____ / _____.
- **I took and passed** the NABNE elective practice area examination in **Minor Surgery** on _____ / _____ / _____.

A.R.S. §32-1523, 4(B); requires an applicant for licensure by endorsement to show competency in the elective practice areas of Acupuncture and Minor Surgery, by taking and passing the NPLEX examinations in those areas. However; the statute further establishes that if the applicant is otherwise qualified, the Board may issue a license that does not include elective practice areas.

- I currently hold licensure in another state that does not require that competency be shown in the same elective practice areas as this state; specifically by passing the NPLEX examination(s) in acupuncture and/or minor surgery.
 - I understand I shall be required to successfully complete examinations in these elective practice areas or, **if otherwise qualified**, will be issued a **limited scope** license that does not include the ability to perform these elective practice areas.
 - **I requested NABNE** to send my **complete** transcript to the Board. _____ / _____ / _____.
-

YOU MUST COMPLETE THE FOLLOWING SECTION IF APPLYING VIA ENDORSEMENT

Pursuant to 32-1523, you must:

3. **Be continuously active, FOR ATLEAST THREE YEARS IMMEDIATELY PRECEEDING THE APPLICATION, in one or more of the following:**

- (a) Active practice as a doctor of naturopathic medicine.
- (b) An approved internship, preceptorship or clinical training program in naturopathic medicine.
- (c) An approved postdoctoral training program in naturopathic medicine.
- (d) The resident study of naturopathic medicine at an approved school of naturopathic medicine.

HOW ARE YOU MEETING THE QUALIFICATIONS FOR LICENSURE BY ENDORSEMENT. INCLUDE THE DATES OF LICENSE AND CERTIFICATION(S) HELD.

I meet the qualifications under (a) _____ How: _____

You must be actively practicing as a doctor of naturopathic medicine. Please be aware: Simply holding licensure in another State does not meet the qualification.

- Documentation Required: Verification of licensure to be sent directly to this board, use the form provided.
- Documentation Required: Evidence of actively practicing as a doctor of naturopathic medicine, (ie: business card, tax return, office lease agreement/evidence of rent payment, copy of schedule patient schedule, or any other documentation that would provide evidence of an active practice as a naturopathic physician.)

And/Or

I meet the qualifications under (b) _____ How: _____

- Documentation Required: Copy of certificate showing date of entry and completion date or letter signed by the Supervising Physician verifying program date of entry, date of completion, and who approved the program.
 - **"Approved clinical training program"** means a program for naturopathic medical students in which the training occurred or is being conducted by or in conjunction with an approved school of naturopathic medicine."
 - **"Approved internship program"** means that the program in which the training occurred or is being conducted has been approved for internship training for physicians or for graduates of a school of naturopathic medicine by the board or was approved or accredited by an educational or professional association recognized by the board or by another state's or country's licensing agency recognized by the board.
 - **"Approved preceptorship program"** means that the program in which the training occurred or is being conducted has been approved for preceptorship training for physicians or for graduates of a school of naturopathic medicine by the board or was approved or accredited by an educational or professional association recognized by the board or by another state's or country's licensing agency recognized by the board.

And/Or

I meet the qualifications under (c) _____ How: _____

- Documentation Required: Copy of certificate showing date of entry and completion date or letter signed by the Supervising Physician verifying program date of entry date of completion, and who approved the program.
 - **"Approved postdoctoral training"** means that the program in which the training occurred or is being conducted has been approved for specialty training or for graduate medical education in naturopathic medicine by the board or approved or accredited by an educational or professional association recognized by the board or by another state's or country's licensing agency recognized by the board.

And/Or

I meet the qualifications under (d) _____ How: _____

- Documentation Required: Copy of certificate showing date of entry and completion date or letter signed by the Supervising Physician verifying program date of entry date of completion, and who approved the program.
 - **"Approved school of naturopathic medicine"** means a school or college determined by the board to have an educational program that meets standards prescribed by the council on naturopathic medical education, or its successor agency, and that offers a course of study that, on successful completion, results in the awarding of the degree of doctor of naturopathic medicine and whose course of study is either of the following:
 - (a) Accredited or a candidate for accreditation by an accrediting agency recognized by the United States secretary of education as a specialized accrediting agency for schools of naturopathic medicine or its successor.
 - (b) Accredited or a candidate for accreditation by an accrediting agency recognized by the council for higher education accreditation or its successor.

The Board may request additional evidence from you demonstrating how you meet the qualification(s) you have chosen.

HOW ARE YOU MEETING THE PHARMACOLOGY QUALIFICATIONS FOR LICENSURE BY ENDORSEMENT

Pursuant to A.R.S. §32-1525(4): If applicant was licensed in another state or Canadian province BEFORE January 1, 2005 applicant is required to provide evidence of completion of an additional 60 hours course and examination in pharmacotherapeutics. R4-18-902 required the 60 hour course to be offered, approved, or recognized by one of the following organizations. Education certified as category 1 by an organization accredited by the Accreditation Council on Continuing Medical Education or accredited by the American Association of Naturopathic Physicians, The Arizona Naturopathic Medical Association or any naturopathic licensing authority in the United States of Canada.

I Graduated AFTER January 1, 2005 _____ I am not required to present evidence of completion of the additional course.

I Graduated Before January 1, 2005 _____ I meet the pharmacotherapeutics requirement by presenting evidence of completion of a 60 hour course and examination offered, approved or accredited by

____ ACCME ____ AANP ____ AzNMA _____ naturopathic licensing authority. Include proof of completion.

List in Chronological order all colleges and universities attended, location, dates of attendance and credits or degree earned:

(If additional space is needed, attach a supplement to this application. Do not list your naturopathic college.)

College or University	Dates Attended	Credits or Degree Earned

List ALL licenses and certificates issued or denied by any licensing agency:

(If additional space is needed, attach a supplement to this application.)

Applicants are required to request each agency listed below to verify the status of the license or certificate. The document for requesting said information is enclosed with this application. It may be copied as needed.

Include a copy of the license(s) held as a Naturopathic Physician in another State or Jurisdiction.

Name of Licensing Agency	Location	Status of License or Certificate	Next Renewal Date

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

Arizona Naturopathic Physicians Medical Board

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

Attach Evidence showing U.S. citizen or U.S. national status includes the following:

Primary Evidence:

- (1) An Arizona driver license issued after 1996 or an Arizona nonoperating 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.

See Arizona Revised Statutes § 41-1080 for a complete list

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 _____

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.

Signature of Applicant

Answer the Following Questions

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. ** 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" to the questions.

- Yes No Have you ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor?
- Yes No Have you ever had any health profession license or certification denied, suspended, rejected or revoked by any agency in any state, district or territory of the United States or another country?
- Yes No Have you ever been disciplined by any agency in any state, district or territory of the United States or another country, for any act of unprofessional conduct as defined in A.R.S. § 32-1501?
- Yes No In lieu of disciplinary action, have you ever entered a consent agreement or stipulation with a licensing agency in any state, district or territory of the United States or another country?
- Yes No Do you currently have an open complaint or are you involved in any open investigation in any agency or court of law, in any state, district or territory of the United States or another country?
- Yes 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, in any state, district or territory of the United States or another country?
- Yes No Have you ever been found medically incompetent?
- Yes No Have you ever been a defendant in any malpractice matter that resulted in a settlement or judgment?
- Yes No Do you have a medical condition, that in any way, impairs or limits your ability to practice medicine?

Along with this application, you must supply a detailed explanation and supporting documentation for each affirmative answer to the above questions.

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_____

(OFFICIAL STAMP)

Notary Public Signature

State of Arizona Naturopathic Physicians Medical Board

"Protecting the Public's Health"

Phone: (602) 542-8242 FAX (602) 542-3093 Email: Info@aznd.gov

VERIFICATION REQUEST FORM

Notice to Applicant:

You are required to send this form to each statutorily appointed licensing agency or board that issued or refused to issue you a professional or occupational license or certificate in the practice of medicine or in any healing art. It is your responsibility to correctly identify yourself to that agency or board and pay them a fee, if any, for remitting the information to the State of Arizona.

Applicant Name: _____
Last First Middle

Applicant License,
Registration or Certificate Number: _____ SS# _____ / _____ / _____

I hereby authorize you to send directly to the state of Arizona the information requested herein

Signature _____ Date _____

Following Information to be Completed by the Licensing Agency or Board
Verification of License, Registration or Certificate

Is the person named above licensed, registered or certified by your Agency or Board? yes no

Name of the individual as it appears on the license, registration or certificate:

Check all that apply; license registration certificate

License, registration or certificate number _____ Initial date issued _____

__ Yes __ No . Is the license, registration or certificate active
If **No**, attach the information to this document

__ Yes __ No . Is an action pending or has any action been taking against the applicant?
If **YES** provide information regarding any action pending or taken against the applicant.

__ Yes __ No. Was license, registration or certificate denied to this applicant?

Name of Agency or Board

Street City State Zip

Signature Title Date

Return this document to: State of Arizona Naturopathic Physicians Medical Board Seal
1400 W. Washington, Suite. 230 Phoenix, AZ 85007

APPLICANTS,

THE FOLLOWING TWO PAGES ARE NOT PART OF THE APPLICATION FOR MEDICAL LICENSE AND ARE NOT PART OF THE REQUIREMENTS FOR LICENSURE.

THESE PAGES ARE INCLUDED FOR THE PURPOSE OF EDUCATION AND THE CONVIENCE OF FUTURE MEDICAL LICENSE HOLDERS.

YOU MAY RETURN THE APPLICATION FOR REGISTRATION ACCESS DIRECTLY TO THE NATUROPATHIC BOARD, OR YOU MAY SUBMIT DIRECTLY TO THE PHARMACY BOARD.

QUESTIONS REGARDING THE REGISTRATION AND ACCESS PROCESS FOR THE CONTROLLED SUBSTANCE PRESCRIPTION MONITORING PROGRAM (CSPMP), SHOULD BE DIRECTED TO THE STATE OF ARIZONA PHARMACY BOARD.

1616 W. ADAMS STREET
PHOENIX, AZ 85007

WWW.AZPHARMACY.GOV

602 771-2727

Dear Licensee:

A.R.S. § 36-2606 requires each medical practitioner who is licensed under Title 32 and who possesses a DEA registration to also possess a current controlled substances prescription monitoring program registration issued by the Board of Pharmacy.

- Registration form is available on the pharmacy board website <http://www.azpharmacy.gov/pmp/faq.asp> (located in Forms" section), and then fax or mail it in.

The purpose of this legislation is to improve the State's ability to identify controlled substance abusers or misusers and refer them for treatment, and to identify and stop diversion of prescription controlled substance drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of licit controlled substances.

A.R.S. 32-3219 requires Medical Practitioner Regulatory Boards to provide to the Arizona Board of Pharmacy any information necessary to register and provide access to the CSPMP to each medical practitioner. The attached form will provide that necessary information to provide all medical practitioners with registration and access to the CSPMP.

To ensure compliance with statutory requirements, please complete and return to the Board office the attached Medical Practitioner Specific Information Form as soon as possible. If you are not aware of the Arizona Controlled Substances Prescription Monitoring Program (CSPMP), here is a little history.

Arizona's Forty-eighth Legislature passed H.B. 2136 establishing a Controlled Substances Prescription Monitoring Program (CSPMP). The bill requires the Arizona State Board of Pharmacy (ASBP) to establish a controlled substances prescription monitoring program and requires pharmacies and medical practitioners who dispense controlled substances listed in Schedule II, III, and IV to a patient, to report prescription information to the Board of Pharmacy on a daily basis. A.R.S. § 36-2602 of House Bill 2136 requires the ASBP to establish a controlled substances prescription monitoring program that includes a computerized central database tracking system to track the prescribing, dispensing and consumption of Schedule II, III, and IV controlled substances in Arizona, assists law enforcement in identifying illegal activity related to the prescribing, dispensing and consumption of Schedule II, III, and IV controlled substances, provides information to patients, medical practitioners, and pharmacists to help avoid the inappropriate use of Schedule II, III, and IV controlled substances, and is designed to minimize inconvenience to patients, prescribing medical practitioners and pharmacies while effectuating the collection and storage of information.

On 5/12/2016, S.B. 1283 was signed by the Governor. In part, it requires a medical practitioner, before prescribing an opioid analgesic or benzodiazepine controlled substance II, III, or IV for a patient, to obtain a patient utilization report regarding the patient for the preceding 12 months from the Program's central database tracking system at the start of each new course of treatment and at least quarterly while that prescription remains part of treatment. More information regarding this matter will be made available as DHS begins to draft rules.

Thank you,



Gail Anthony, Executive Director
State of Arizona Naturopathic Physicians
Medical Board

